



**Whatcom Community College  
Access & Disability Services**

**QUARTERLY REQUEST FOR ACCOMMODATIONS**

Qtr/Yr \_\_\_\_\_

Name \_\_\_\_\_ Student ID \_\_\_\_\_

Email \_\_\_\_\_ Date \_\_\_\_\_

**ATTACH COPY OF CLASS SCHEDULE.**

**OFFICE USE ONLY**

**Accommodations are determined by Associate Director of Access & Disability Services  
on a case by case basis as reasonable per disability documentation.**

- |   |  |
|---|--|
| <input type="checkbox"/> Extended time for exams 1.5 times, 2 times       | <input type="checkbox"/> Record lectures (study purposes only) |
| <input type="checkbox"/> Extended time for in-class essays (1 ½ times)    | <input type="checkbox"/> Reader or Scribe for Testing          |
| <input type="checkbox"/> Quiet place for testing                          | <input type="checkbox"/> Notetaker                             |
| <input type="checkbox"/> Testing Center <input type="checkbox"/> ADS Room | <input type="checkbox"/> Digital Text/Alt Format               |
| <input type="checkbox"/> Closed Caption Decoder/Subtitles                 | <input type="checkbox"/> Equipment/Furniture                   |
| <input type="checkbox"/> Sign Language Interpreter                        | Type _____   |
| <input type="checkbox"/> TypeWell Transcription                           |  |
| <input type="checkbox"/> Other _____                                      |  |

Letters emailed to instructor: \_\_\_\_\_