



Banacos Academic Center
Disability Services
ds@westfield.ma.edu
Learning Disabilities Program
ldp@westfield.ma.edu
Banacos Advisor: _____

Reasonable Accommodations Request

Today's Date: _____

Request for:

Full academic year: _____ (i.e., 2020-2021)

OR

Semester: _____ (i.e. fall 2020, spring 2021, etc.)

Name: _____ UWID#: _____

Address: _____

Phone: (i.e. 555-555-5555) _____ WSU Email: _____@westfield.ma.edu

Major 1: _____ Major 2: _____

What academic accommodations are you requesting?

- | | |
|---|---|
| <input type="checkbox"/> 50% (time and a half) for exams | <input type="checkbox"/> Reader for exams |
| <input type="checkbox"/> 100% (double time) for exams | <input type="checkbox"/> Scribe for exams |
| <input type="checkbox"/> Reduced distraction environment for exams | <input type="checkbox"/> Alternate format for exams |
| <input type="checkbox"/> Calculator for exams | <input type="checkbox"/> Unlimited printing |
| | <input type="checkbox"/> E-text |
| | <input type="checkbox"/> Note taking assistance |
| <input type="checkbox"/> Classroom (for example: classroom furniture or breaks during class): | |

What other accommodations are you requesting? **Please type the text boxes to be specific in what you are requesting**

Housing (i.e., single in suite; residential hall with elevator):

Parking: _____

Dining: _____

Other: _____

Accommodation Notices

Send to all instructors:

I would like all of my instructors to receive a notice of accommodations.

OR

Send for only some courses: (fill this out only if you did not check the option above)

I will choose the courses and instructor names to whom you should send a notice of accommodation.

Course & Section Number (i.e., ENGL 0102-001)	Instructor
1.	
2.	
3.	
4.	
5.	

If your schedule changes after you have submitted your request, be sure to inform your Banacos advisor.

Which offices would you like notified and what should we tell them? **Please type on the line to be specific in what you want us to notify them about.**

- Residence Life _____
- Facilities _____
- Parking Clerk _____
- Dining _____
- Registrar _____
- Other: _____

Is there any other information you would like us to share with other offices or instructors?

- No
- Yes. What information and to whom?

Signature: _____ **Date:** _____

To submit this form, please save it on your computer and email it to your Banacos Advisor via your WSU email address.

<p>*Office Use Only*</p> <p>Notes:</p>
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