

GROSSMONT COLLEGE
Accessibility Resource Center (A.R.C.)
Student Request for Accommodations

Name: _____ Student ID: _____ Date: _____

Semester: _____ Year: _____ Phone: _____

<input type="checkbox"/> Test Accommodations			Issued: _____
Course Name/Number: _____	<input type="checkbox"/> Online	Section: _____	Instructor: _____
Course Name/Number: _____	<input type="checkbox"/> Online	Section: _____	Instructor: _____
Course Name/Number: _____	<input type="checkbox"/> Online	Section: _____	Instructor: _____
Course Name/Number: _____	<input type="checkbox"/> Online	Section: _____	Instructor: _____
Course Name/Number: _____	<input type="checkbox"/> Online	Section: _____	Instructor: _____
Course Name/Number: _____	<input type="checkbox"/> Online	Section: _____	Instructor: _____
E-mailed Online Instructors: _____			

<input type="checkbox"/> Note Taking Paper	How Many: _____	Issued: _____
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<input type="checkbox"/> Voice Recorder Loan	E-mailed: _____
<input type="checkbox"/> Spell Checker Loan	
<input type="checkbox"/> Classroom Amplification Device	

<input type="checkbox"/> Audio Books	Issued: _____
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<input type="checkbox"/> Interpreter	Print Class Schedule: _____
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<input type="checkbox"/> Preferential Seating	Issued: _____
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<input type="checkbox"/> Other: _____

A.R.C. Use Only	
Accommodations Verified _____	
on (date) _____	Needs Test Guidelines: <input type="checkbox"/> Yes <input type="checkbox"/> No