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

Name: _____   Student ID: _____   Date: _____

Semester: _____   Year: _____   Phone: _____

☐ **Test Accommodations**   Issued: _____

    Course Name/Number: _____   ☐ Online   Section: _____   Instructor: _____

    Course Name/Number: _____   ☐ Online   Section: _____   Instructor: _____

    Course Name/Number: _____   ☐ Online   Section: _____   Instructor: _____

    Course Name/Number: _____   ☐ Online   Section: _____   Instructor: _____

    Course Name/Number: _____   ☐ Online   Section: _____   Instructor: _____

    Course Name/Number: _____   ☐ Online   Section: _____   Instructor: _____

    E-mailed Online Instructors: _____

☐ Note Taking Paper   How Many: _____   Issued: _____

☐ Voice Recorder Loan   E-mailed: _____

☐ Spell Checker Loan

☐ Classroom Amplification Device

☐ Audio Books   Issued: _____

☐ Interpreter   Print Class Schedule: _____

☐ Other:
    ☐   Furniture: _____   Issued: _____
    ☐   Cart Service
    ☐   Locker Loan
    ☐   Preferential Seating

A.R.C. Use Only

Accommodations Verified _____

    on (date) _____   Needs Test Guidelines: ☐ Yes   ☐ No