

ACC ALVIN COMMUNITY COLLEGE
Student Accessibility Services

Semester Accommodation Request Form

Student Name: _____ ID: _____ Date: _____

I am a Dual Enrollment Student at _____

Please prepare an accommodation letter for the class(es) listed below:

Course/Section: _____ Semester: Fall Spring Summer

Course/Section: _____ Semester: Fall Spring Summer

Course/Section: _____ Semester: Fall Spring Summer

Course/Section: _____ Semester: Fall Spring Summer

Course/Section: _____ Semester: Fall Spring Summer

Course/Section: _____ Semester: Fall Spring Summer

Course/Section: _____ Semester: Fall Spring Summer

I prefer to:

- Pick up my letter(s) during the first week of the semester
- Have my letter(s) emailed to me

I realize I am responsible for discussing my accommodations with each of my professors after receiving my accommodation letter to discuss specific arrangements for any necessary accommodations, and understand that my accommodations are not retroactive.

By signing this document electronically, I confirm that I am the person named here. I agree that my electronic signature is just like a handwritten one.

Student Signature: _____ Date: _____