

— PLACEMENT EXAMS —
SDC ACCOMMODATION REQUEST FORM

| | | | |
|--|--|------------------------------|-----------------------------|
| Name: _____ | | Student ID#: _____ | |
| Local Address: _____ | | Local Phone: _____ | |
| City, State, Zip: _____ | | E-mail: _____ | |
| Is this a new address and/or phone number? | | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Disability Specialist: _____ | | | |

I acknowledge that by requesting academic accommodations, I am authorizing the SDC Disability Specialist to discuss information relevant to the recommended accommodations with faculty and staff who have a need to know. I understand that, as with all University activities, I am required to comply with the UC Davis Student Code of Conduct, including the responsibility to accurately represent my circumstances.

Student's Signature: _____ Date: _____

Please complete one box for each individual exam.

| | |
|--|--------------------------|
| <input type="checkbox"/> Pre-Calculus | Exam Date (M/D/Y): _____ |
| <input type="checkbox"/> Chem. Diagnostic | |
| <input type="checkbox"/> Foreign Language | Exam Time: _____ |
| <input type="checkbox"/> Subject A | |
| <input type="checkbox"/> Upper Division Composition Exam | Exam Location: _____ |
| Accommodation(s) Requested: | |

| | |
|--|--------------------------|
| <input type="checkbox"/> Pre-Calculus | Exam Date (M/D/Y): _____ |
| <input type="checkbox"/> Chem. Diagnostic | |
| <input type="checkbox"/> Foreign Language | Exam Time: _____ |
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Received By: _____ Date: _____ Routed To: _____
Appointment: _____ Approved: _____