

**Coahoma Community College**  
**Disability Support Services**  
**Student Request for Reasonable Accommodations/Modifications Form**

Name of Student \_\_\_\_\_ E-mail \_\_\_\_\_

Social Security/ID# \_\_\_\_\_

Major \_\_\_\_\_ Campus Location \_\_\_\_\_ Date \_\_\_\_\_

Check which applies to you: **See attachment for explanation.**

- |  |   |
|--|---|
| <input type="checkbox"/> Preferential seating  | <input type="checkbox"/> Authorization Consent  |
| <input type="checkbox"/> Examinations and quizzes given orally   | <input type="checkbox"/> Elevator key ( <b>Humanities/Physical Science Building</b> ) |
| <input type="checkbox"/> Extended time on tests  | <input type="checkbox"/> Note-taker   |
| <input type="checkbox"/> Testing in a non-distracting environment  | <input type="checkbox"/> Enlarged materials   |
| <input type="checkbox"/> Peer Tutoring   | <input type="checkbox"/> Alternate Course Request                                     |
| <br>   |   |
| <input type="checkbox"/> Taped tests   |   |
| <input type="checkbox"/> Taping classroom lectures ( <b>must sign form</b> )   |   |
| <input type="checkbox"/> Copy classmates/instructor notes to supplement own  |   |
| <input type="checkbox"/> Handicapped parking   |   |
| <input type="checkbox"/> Adequate-warning devices in dorms   |   |
| <input type="checkbox"/> Access to audio text books  |   |
| <input type="checkbox"/> Interpreters, readers, lab assistants, aides, etc.  |   |
| <input type="checkbox"/> Classroom location (accessibility)  |   |
| <input type="checkbox"/> Special dorm provisions   |   |
| <input type="checkbox"/> Mobility assistance   |   |
| <input type="checkbox"/> Instructional Support   |   |
| <input type="checkbox"/> Additional time for completing assignment ( <b>Specifics must be worked out with each instructor.</b> ) |   |

**Other: Be Specific** \_\_\_\_\_

**(Some requested accommodations may or may not be applicable to certain courses.)**

Student Signature \_\_\_\_\_

This form must be completed and returned to: Michael Houston, Director of Employee Services/Coordinator for 504/ADA, Title IX Compliance Officer, Office #A100, Vivian M. Presley Administration Building, 3240 Friars Point Road, Clarksdale, Mississippi 38614, Phone: (662) 621-4853, Email: [mhouston@coahomacc.edu](mailto:mhouston@coahomacc.edu)