ACCOMMODATIONS REQUEST FOR NATIONAL EXAMS

Student Name: __________________________________________ Phone: __________________________

Red I.D. #: __________________________________________ SASC Counselor: ______________________

Important Instructions:

• If you are requesting accommodations for the GRE or GMAT, please make a half-hour or same-day appointment with your SASC counselor. Bring all documents and related information to the appointment.

• MCAT and LSAT standards for documentation of disability are rigorous, and we cannot guarantee that we possess sufficient information on your disability to satisfy their standards. If SASC staff needs to discuss your request, they will contact you as soon as possible.

• For all other exams, a letter providing the necessary information will be provided. (In most cases, you must submit this letter with your registration to take the exam.) Your letter will be ready for pick-up from SASC as soon as possible. SASC will contact you at the phone number provided on this request. If you prefer to have it mailed to you, complete your address below.

Primary disability: Visual    LD    Mobility    ADHD    Other: __________________________

Circle accommodations you are requesting. If you request an accommodation that is not already approved, it will be deleted.

1 1/2X    2X    Reader    Writer    Computer    Other: __________________________

Name of Test: __________________________ Date of Exam: __________________________

Please send my letter to me at the following address: __________________________

________________________________________

Permission to Release Information:
I authorize release of information on my disability and test accommodations to the administering agency for the above-named examination. I understand that the documentation provided to the Student Ability Success Center at San Diego State University qualifies me for accommodations at SDSU, but may not meet the criteria for accommodations elsewhere.

__________________________ __________________________
Signature of Student Date

__________________________ __________________________
SASC Office Use Only:
Date Request Received: __________________________ Date Letter Completed: __________________________

Signature of SASC Counselor Completing Form/Letter: __________________________