Office of Accessibility Resources and Services (OARS)

Accommodations Request Form

Kupfrian Hall 201

Please complete this form indicating the accommodations that you are requesting for this semester, the courses for which these accommodations are being requested for and the faculty/staff teaching the courses. This form must be completed each semester in which accommodations are requested. Please note that submitting a request for a specific accommodation does not ensure that the accommodation will be approved. Determinations with regard to reasonable and appropriate accommodations are made on the basis of current medical documentation, consultation with student, health care practitioners and faculty/staff. All requested accommodations must be supported by current medical documentation and in accordance with academic and essential requirements of the course(s).

Date:

Name:

Student ID#:

Cell Phone#:

NJIT Email:

Student Signature: _______________________________   Semester: _______ Year: _______

<table>
<thead>
<tr>
<th>Extended Testing</th>
<th>Distraction reduced Environment</th>
<th>Scribe</th>
<th>Note taker - Class</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Time and a Half</td>
<td>□ Single room – When available</td>
<td>□ Reader</td>
<td>□ Sonocent – Note Taking Software</td>
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</tbody>
</table>

□ Use of digital recorder for lectures
□ Use of computer

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<thead>
<tr>
<th>Use of computer</th>
<th>Sign Language Interpreter</th>
<th>Deadline extensions for assignments, homework and projects</th>
<th>Other:</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ CART Services</td>
<td>□ FM Assistive Listening Device</td>
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Courses – Include Section #                     Faculty/Staff

1. ________________________________________________________________

2. ________________________________________________________________

3. ________________________________________________________________

4. ________________________________________________________________

5. ________________________________________________________________

6. ________________________________________________________________

OARS Staff: ___________________________   Date: ___________________________