

REQUEST FOR PREARRANGED ACCOMMODATIONS

Fall Spring Summer 20

To request your pre-arranged accommodations for the upcoming semester, complete this form and submit it along with your class schedule to the Assistive Technology front desk (LI2550) or by email to atstudent@csueastbay.edu immediately after you have registered for classes. If your schedule changes after s7 (y)]TTd [(s [(s7 (y)r 0 .5]TJ (s13.3 (b-3 (e)8-0.8 (1]TJ n(y)r 00 T TJ 0 Tc 0 Tw 4.427 0 Td ()Tj -0.01:

2. ATTACH COURSE SCHEDULE:

Attach a copy of your course schedule. This can be found on the "My Class Schedule" section of MyCSUEB.

3. PROVIDE YOUR INFORMATION

Name _____

Net ID: _____

Phone: _____ Accessibility _____

| Concerns:

STUDENT SIGNATURE

DATE

OFFICE USE ONLY

AT STAFF: _____ DATE RECEIVED: _____ STAFF INITIALS: _____ FORMATS SPECIFICATION _____

ENTERED ON CLASS LIST Yes No

AT Coordinator: _____ DATE PROCESSED: _____ STAFF INITIALS: _____