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.

___ Preferential seating  
___ Examinations and quizzes given orally  
___ Extended time on tests  
___ Testing in a non-distracting environment  
___ Peer Tutoring  
___ Note-taker  
___ Elevator key (Humanities/Physical Science Building)  
___ Enlarged materials  
___ Alternate Course Request

___ Taped tests  
___ Taping classroom lectures (must sign form)

___ Copy classmates/instructor notes to supplement own
___ Handicapped parking
___ Adequate-warning devices in dorms
___ Access to audio text books
___ Interpreters, readers, lab assistants, aides, etc.
___ Classroom location (accessibility)
___ Special dorm provisions
___ Mobility assistance
___ Instructional Support
___ Additional time for completing assignment (Specifics must be worked out with each instructor.)

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