REQUEST FOR PRE-ARRANGED ACCOMMODATIONS

☐ Fall  ☐ Winter  ☐ Spring  ☐ Summer  20

To request your pre-arranged accommodations for the upcoming quarter, complete this form and submit it along with your class schedule to the Assistive Technology front desk (LI 2550) or by email to atstudent@csueastbay.edu immediately after you have registered for classes. If your schedule should change after submitting this form, please submit a new form with your revised schedule.

1. CHECK YOUR ACCOMMODATION:

☐ Assistive Technology: Visual | Conversion of printed materials (not textbooks) into accessible formats
Details: Conversions of in-class materials for Low vision and blind students.

☐ Assistive Technology: Audio | Captioned media
Details: Captioning materials and transcripts services. THIS IS NOT FOR RECORDING DEVICES

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 Counselor: _________________________

Campus:  ☐ Hayward  ☐ Concord  ☐ Oakland  ☐ Online

4. QUESTIONS AND MODIFICATIONS

Do you have any questions regarding Assistive Technology? I do not have any questions. (Please initial)

Questions | Concerns: __________________________________________________________________________
______________________________________________________________________________________
______________________________________________________________________________________
______________________________________________________________________________________

______________________________________________________________________________________

_________________________________________  ______________________________
STUDENT SIGNATURE  DATE

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OFFICE USE ONLY

AT STAFF:  DATE RECEIVED: ___________ STAFF INITIALS: ___________ FORMAT SPECIFICATIONS: ___________

ENTERED ON CLASS-LIST:  ☐ Yes  ☐ No

AT Coordinator:  DATE PROCESSED: ___________ STAFF INITIALS: ___________

This document is available in accessible format. Please contact Accessibility Services for more details.  Revised 11/17