**REQUEST FOR PRE-ARRANGED ACCOMMODATIONS**

ANd9GcTYRtcVoacfZx4i1Huk2bQpv9VDTZ3yRCKcrOwUsMwoqzHPXACn Fall ANd9GcTYRtcVoacfZx4i1Huk2bQpv9VDTZ3yRCKcrOwUsMwoqzHPXACn Winter ANd9GcTYRtcVoacfZx4i1Huk2bQpv9VDTZ3yRCKcrOwUsMwoqzHPXACn Spring ANd9GcTYRtcVoacfZx4i1Huk2bQpv9VDTZ3yRCKcrOwUsMwoqzHPXACn 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 Services Office (LI 2550) or by email to [atstudent@csueastbay.edu](mailto:as@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:**

ANd9GcTYRtcVoacfZx4i1Huk2bQpv9VDTZ3yRCKcrOwUsMwoqzHPXACn Visual | Conversion of in-class materials for students who have low vision or are blind.

ANd9GcTYRtcVoacfZx4i1Huk2bQpv9VDTZ3yRCKcrOwUsMwoqzHPXACn Audio | 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: ANd9GcTYRtcVoacfZx4i1Huk2bQpv9VDTZ3yRCKcrOwUsMwoqzHPXACn Hayward ANd9GcTYRtcVoacfZx4i1Huk2bQpv9VDTZ3yRCKcrOwUsMwoqzHPXACn Concord ANd9GcTYRtcVoacfZx4i1Huk2bQpv9VDTZ3yRCKcrOwUsMwoqzHPXACnOakland ANd9GcTYRtcVoacfZx4i1Huk2bQpv9VDTZ3yRCKcrOwUsMwoqzHPXACn 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**

**Office Use Only**

**DATE RECEIVED: STAFF INITIALS: FORMAT SPECIFICATIONS:**

**ENTERED ON CLASSLIST: ANd9GcTYRtcVoacfZx4i1Huk2bQpv9VDTZ3yRCKcrOwUsMwoqzHPXACn Yes ANd9GcTYRtcVoacfZx4i1Huk2bQpv9VDTZ3yRCKcrOwUsMwoqzHPXACn No**