

ACCOMMODATIONS REQUEST FORM

The purpose of this form is for students to request accommodations from the College. Administration will review the information provided and determine an acceptable plan to help students with a diverse range of exceptional needs in their studies.

Student Name	Student ID
Address	City
Telephone #	Email

Instructions:

- ✓ **Briefly identify the reason you are submitting your accommodation request. Please use another sheet of paper and attach it to this form if more writing space is needed.**
- ✓ **Attach supporting evidence, if available, in preparation for meeting and review.**
- ✓ **Please fill out your class times and other relevant information on the reverse.**
- ✓ **Submit this form and supporting evidence to the Director's Assistant / Academic Process Coordinator. You will be contacted by email to schedule an appointment to review your request.**

What is your accommodations request regarding?

How do you feel the college can assist you in being successful in your studies / exams?



Alexander College

Vancouver Campus

#100-602, West Hastings Street
Vancouver British Columbia, V6B 1P2, Canada
Tel. (604) 681 5815 Fax. (604) 681 5819

Burnaby Campus

#101-4603, Kingsway
Burnaby British Columbia, V5H 4M4, Canada
Tel. (604) 435 5815 Fax. (604) 435 5895

Please indicate the classes you are currently enrolled in, your instructor, and the dates, times and lengths of your scheduled exams throughout the term (final exams only if the time has been posted).

Campus	Course	Instructor	Exam Date	Exam Time	Exam Time Length

I affirm that the information provided above is accurate and representative of any accommodations necessary for my situation.

Student Signature _____ Date: _____

OFFICE USE ONLY *(Please do not write in this area)*

Date received:

Comments / Accommodation Plan: (effective date, renewable, equipment, expectations of student)

Administrator Name (please print)

Signature

Date Signed

Date Student Notified

Date Instructors Notified