

Name of Student:

MOORPARK COLLEGE ACCESSIBILITY COORDINATION CENTER AND EDUCATIONAL SUPPORT SERVICES



REQUEST FOR ACCOMMODATIONS

Student ID#:

VCCCD Email:			@my.vcccd.edu	Phon	e #:
Semester:	Fall	Spring	Summer	Υ	ear:
		•	each semesterprior to you, the student, plea	-	g accommodations. I it to mcaccess@vcccd.edu
Example: Course: LS M03		Course:			
Instructor: Jolie Herzig		Instructor:			
Day: Monday/ Wednesday		Day:			
Time: 9 a.m 11:50 a.m.		Time:			
Location: LMC 125		Location:			
Accommodation(s) being		Accommodation(s) being requested:			
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requested: Note-T					
on tests, Preferent	tiai Seating				
	2.			3.	4.
Course:		_ Course:			Course:
Instructor:		Instructor	:		Instructor:
Day:		_ Day:			Day:
Time:		Time:			Time:
Location:		Location:			Location:
Accommodation(s) being requested:		Accommo	dation(s) being reque		Accommodation(s) being requested:
		_			
		_			
Check her	re if same as course 1.		Check here if same as co	ourse 1.	Check here if same as course 1.
	~	•	ing accommodations f		th the instructors on this form.

Student Signature: _____ Date: _____