

Access Center
For Disability Accommodations and Adaptive Technology
Metropolitan State College of Denver
Request for Accommodation Form

Please complete this form each semester you seek accommodations.

Name: _____ Major: _____

I.D. #: _____ E-mail Address: _____
(E-mail you check regularly)

Counselor (Check one): Greg Sullivan Greg Root

Expected graduation date: _____ Class status: Freshman • Sophomore • Junior • Senior

Address: _____ : _____

City: _____

State: _____ Zip: _____

Cell/Home Number: _____

Semester you are requesting accommodations: Fall _____ Spring _____ Summer _____

Number of classes registered for this semester: _____

----- **PLEASE ATTACH A COPY OF YOUR SCHEDULE TO THIS FORM** -----

Our office can only provide accommodations for Metro State courses. If you are taking a UCD or CCD course, you will need to request accommodations through each institutions respective office. Please highlight all classes in which you will need a peer note taker. If you are requesting interpreters or special furniture, please fill out a request form at the front desk. Reminder: the accommodations you request must have prior approval through the Access Center.

Student Signature: _____ **Date:** _____

Staff Signature: _____ **Date:** _____

For office use only

Contact information up to date ___/___/_____, _____

Notetaker forms completed _____/_____, _____,