

## New Course Accommodations

Your individualized accommodations are outlined in your Confirmation of Accommodation and/or the AS handbook you received upon registration with Accessibility Services.

### Student information

Student Name	
Athabasca University ID	
Date	

### What courses are you registered in?

Course Name	Course Number	Start Date

**Review the course syllabus and study guide for content and academic activities to determine your needed accommodations in that course.**

**Timed Quizzes** - Does the course have timed quizzes that you need additional time added? Please list.

Course Name	Course Number

**Alternate Format Course Material** – The accommodation must be related to a disability need and exist in your accommodation plan. (i.e. Braille diagram alternative, PDF for assistive technology, etc.).

Course Name	Course Number	Format Required	Materials needed (textbook only)

### **Exam accommodations requiring coordinator approval.**

Do you have accommodations that require Course Coordinator approval as outlined in your Confirmation of Accommodation letter. Please indicate the accommodations required as outlined in your Confirmation of Accommodation letter.

*This information is located on page 2 of your Confirmation of Accommodation letter; if you do not have page 2, you can skip this section.*

<b>Course Name</b>	<b>Course Number</b>	<b>Accommodation Required</b>

### **Canada Student Grant for Persons with Disabilities, Services and Equipment** (funded students only)

**If you are applying for the Canada Student Grant for Persons with Permanent Disabilities, Services & Equipment for the first time or require changes to your application, book an appointment with a Funding Specialist through the [online booking calendar](#) and select the Equipment and Services Grant option.**

Check this box if you are a funded student and require disability related equipment or services that you have requested in the past and do not need an assessment. This information should be similar to your previous application.

Tutoring - Please indicate hours per week and tutor rate: \_\_\_\_\_

Name of Tutor: \_\_\_\_\_

Academic Strategist - Which Academic Strategist are you using?

\_\_\_\_\_

Software subscription renewal - List software and cost: \_\_\_\_\_

\_\_\_\_\_

### **THIS FORM IS REQUIRED EACH TIME YOU START A NEW COURSE.**

**EMAIL THIS COMPLETED FORM TO ACCESSIBILITY SERVICES AT [ASD@ATHABASCAU.CA](mailto:ASD@ATHABASCAU.CA)**