ACCOMMODATIONS REQUEST FOR NATIONAL EXAMS

Student Name: ___________________________ Phone: ___________________________
Red I.D. #: ___________________________ SDS Counselor: ___________________________

Important Instructions:
• If you are requesting accommodations for the GRE or GMAT, please make a half-hour or same-day appointment with your SDS counselor. Bring all documents and related information to the appointment.

• MCAT and LSAT standards for documentation of disability are rigorous, and we cannot guarantee that we possess sufficient information on your disability to satisfy their standards. If SDS staff needs to discuss your request, they will contact you as soon as possible.

• For all other exams, a letter providing the necessary information will be provided. (In most cases, you must submit this letter with your registration to take the exam.) Your letter will be ready for pick-up from SDS as soon as possible. SDS will contact you at the phone number provided on this request. If you prefer to have it mailed to you, complete your address below.

Primary disability: Visual LD Mobility ADHD Other: ___________________________

Circle accommodations you are requesting. If you request an accommodation that is not already approved, it will be deleted.

1 1/2X 2X Reader Writer Computer Other: ___________________________

Name of Test: ___________________________ Date of Exam: ___________________________

Please send my letter to me at the following address: ___________________________

______________________________
Signature of Student
______________________________
Date

Permission to Release Information:
I authorize release of information on my disability and test accommodations to the administering agency for the above-named examination. I understand that the documentation provided to Student Disability Services at San Diego State University qualifies me for accommodations at SDSU, but may not meet the criteria for accommodations elsewhere.

______________________________
Signature of SDS Counselor Completing Form/Letter

SDS Office Use Only:
Date Request Received: ___________________________ Date Letter Completed: ___________________________

Signature of SDS Counselor Completing Form/Letter: ___________________________