

Grayson College Office of Accessibility

Telephone: 903-463-8751 or E-mail: hodgej@grayson.edu

Student Responsibilities

The goal of Grayson College Disability Services is to assist students in the successful completion of their courses. In order to receive services, please read and agree to the following student responsibilities:

Responsibilities of the student:

1. ____ It is my responsibility to deliver the accommodation approval letters to my professors in a timely manner. Failure to do so will result in delayed services. Professors need a minimum of 1 week after receiving accommodation approval letter to prepare accommodations.
2. ____ I understand that I must submit a new request form at the beginning of each semester to continue receiving accommodations.
3. ____ I will attend class regularly.
4. ____ I will complete all class and homework assignments on time. I understand that generally the due dates will not be extended for assignments which already have a deadline of one week or more.
5. ____ I understand that technical issues and computer malfunctions are not acceptable reasons for late submission of assignments.
6. ____ I will be on time for all classes and appointments for which services (sign language interpreting, CART, note taking, etc.) are provided.*
7. ____ When sign language interpreting, CART, note taking and/or other services are provided, I will notify Disability Services staff 24 hours in advance, if I am unable to attend a class or scheduled event.*
8. ____ I will immediately notify Disability Services staff if I no longer need services.
9. ____ I understand that failure to comply with the above rules may result in suspension of services.

*Tardiness beyond 15 minutes and failure to notify staff are unexcused absences and may result in suspension of services. ____

To confirm support, students should schedule an appointment with the Disability Services Coordinator. Call **903-463-8751** or e-mail **hodgej@grayson.edu**.

Student Signature _____ Date _____ **Continue to Page 2**

Accommodations requested for the following semester:

Fall ____ Spring ____ Summer ____ of 20____ Date received _____ Coordinator _____

GRAYSON COLLEGE - ACADEMIC ACCOMMODATIONS REQUEST

DATE _____

Name _____	ID# _____
Address _____	Cell Phone _____
City _____ State ____ Zip _____	Home Phone _____
E-Mail _____	Major _____

Except for testing during the semester, please request support five (5) regular business days prior to the beginning of the semester. Please request ASL interpreting/CART services ten (10) regular business days prior to the beginning of the semester/class.

Support Requested (Attach documentation of disability or fax to **903-465-2275**):

- _____ Testing accommodations
 - _____ Extended time on tests (1.5 times the normal time allowed.)
 - _____ With a reader and/or scribe
 - _____ Private room / minimally distracting testing environment
- _____ Audio recording of lectures
- _____ Special classroom seating _____
- _____ Use of computer for written assignments/tests
- _____ Volunteer note taker or copy of professor's notes
 (When I am absent, the note taker is not responsible for providing notes for that day. I am responsible for obtaining notes and important information from other classmates, the professor, or on-line. _____)
- _____ OTHER (Please Describe) _____

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Fax a copy of class schedule to **903-465-2275** or attach a copy of class schedule if submitting request by mail or in person.