ACCOMMODATIONS REQUEST FOR NATIONAL EXAMS

Student Name:	Ph	one:
Red I.D. #:	SDS-IV Councilor:	
	-	GMAT, please make an appointment elated information to the appointment.
guarantee that we p	ndards for documentation of disabili ossess sufficient information on you to discuss your request, they will co	ur disability to satisfy their standards. If
you must submit this pick-up from SDS-I\	s letter with your registration to take / as soon as possible. SDS-IV will o	ormation will be provided. (In most cases, e the exam.) Your letter will be ready for contact you at the phone number to you, complete your address below.
Primary disa	ability: Visual LD Mobility ADHD Oth	her:
Circle accommodations approved, it will be dele		an accommodation that is not already
1 1/2X 2X Reader Write	er Computer Other:	Name of Test:
	Date of Exam:	
Please send my letter to	o me at the following address:	
administering agency documentation provid State University Impe	rise Information: e of information on my disability and for the above-named examination. ed to the Student Disability Service rial Valley qualifies me for accommodations elsewhere.	. I understand that the es - Imperial Valley at San Diego
 Student Date		Signature of

SDS-IV Office Use Only:	
Date Request Received:	_ Date Letter Completed:
Signature of SDS-IV Staff Completing Form/Lette	er: