

# Accommodation Request Form



SACRAMENTO STATE  
COLLEGE OF CONTINUING EDUCATION

## Sacramento State College of Continuing Education

3000 State University Drive, MS 6103  
Sacramento, CA 95819  
T 916.278.4433 • F 916.278.3680 • [www.cce.csus.edu](http://www.cce.csus.edu)

If approved, letters will be available for pick up or through email in **seven business days**.

Please print in ink.

Today's Date

Name

Student ID

Phone

Email

Term  Fall  Spring  Summer  Winter

Year

### 1. Course Exams: Are you requesting the same accommodations?

Yes  No

#### Adjustment Requested

Request additional accommodations and provide supporting documentation **or** list approved accommodations you would like to remove from your letter.

Attach a copy of your class schedule in **List View** which includes course name, number, section, location and professor name.

**OR**

### 2. Non-course exam (such as WPJ, WPG, etc.):

Please specify exam

Test date

Test registration deadline

### For office use only

CCE Human Resources Specialist Signature

Date