

****This form must be completed and turned in for each term you would like services****

Term _____

(Example: Fall 2010 = 2106)

SERVICE REQUEST FORM

Please make sure this form is completely filled out before turning in

Last Name _____ First Name _____ C.W.I.D. Number _____

Cell Number: _____ E-mail _____ Date _____

ACCOMMODATIONS*:

I = Interpreter **N** = Notetaker **EXT** = Extended time on exams **D** = Distraction reduced room for exams
O = No Service **ALT-T** = alternative text needed **Other:** Please specify below (in Comments section)

STUDENT: You must account for each class you are enrolled in even if you do not want a "service."

Accommodation Example: (N)	Class Name (BIOL)	Course # (270)	Section (1)	Course Title (Principals of Human Physiology)	Campus Location (Seaver-Malibu)	Instructor (Jasperse, J)	Units (4)
Total Units							

COMMENTS: _____

Pepperdine University
 Disability Services Office
 Tyler Campus Center (TCC) 264
 Phone: (310) 506-6500 Fax: (310) 506-6776

*Note that this list is not exhaustive nor are these accommodations guaranteed