

## Schedule Form & Request for Professor Letters

### Student Information

Students Full Name: \_\_\_\_\_ Campus ID Number: \_\_\_\_\_ Date: \_\_\_\_\_

Primary Phone Number: \_\_\_\_\_ Semester: \_\_\_\_\_ E-mail: \_\_\_\_\_

### Course Information

Please note that any changes to your mailing address and/or phone number MUST be made on your my.fresnostate.edu account.

**INSTRUCTIONS: Enter ALL INFORMATION below carefully and completely. Checkmark only approved accommodations you are requesting this semester. Submit this form to SSD. Letters will be ready for you to deliver to your professors within two to three business days.**

Course	Professor	Online Course	Distance Learning	Note-Taking	Tape Record	Testing	Textbooks Alternate Format	<ul style="list-style-type: none"> <li>• ASL Terp.</li> <li>• Captionist</li> </ul>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments / Additional Request:

\_\_\_\_\_

Date Professor Letters picked up by student: \_\_\_\_\_ Student Signature: \_\_\_\_\_

#### Office Use Only

1. DSTMP \_\_\_\_ 2. Read Copy \_\_\_\_ 3. Terp Copy \_\_\_\_ 4. Package \_\_\_\_ 5. Letter \_\_\_\_ 6. NTKG Copy \_\_\_\_ 7. SAM \_\_\_\_