



Augusta, Georgia 30904-2200

Counseling and Testing

Phone 706-737-1469

Fax 706-729-2298

Class Schedule and Accommodation Request

When you pre-register or register for classes, it is important that you notify this office immediately so that proper documentation may be sent to your professors. Please enter the information requested below and attach a class schedule. All of the information on this form must be completed.

*This schedule cannot be used to make requests for books on tape or brailled materials. This form is only used to advise our office of which professors need to be sent class accommodation notices. Other services for auxiliary aids must be made by specific request to the Director of Disability Services. Advance request is needed for the ordering of tapes or books.

Name: _____ SIN#: _____

Phone Number: _____

Registered for: Spring Summer Fall Year: _____

Check here if you have already been approved for special desk and chair arrangements.

Subject, Course, & Section#	Day and Class Times	Professor	Building/Room #
Subject: _____ Course: _____ Section: _____			
Subject: _____ Course: _____ Section: _____			
Subject: _____ Course: _____ Section: _____			
Subject: _____ Course: _____ Section: _____			
Subject: _____ Course: _____ Section: _____			