REQUEST FOR PRE-ARRANGED ACCOMMODATIONS

	Fall	Spring	Summer	20	
submit it atstudent	along with your class sch t@csueastbay.edu immed	edule to the Assisti diately after you ha	ne upcoming Semester, con ive Technology front desk ive registered for classes. I m with your revised sched	(LI 2550) or by email to f your schedule changes	
1. CHECK	YOUR ACCOMMODAT	ION:			
_	e Technology: Visual Co Conversions of in-class mat	•		ks) into accessible formats	
	e Technology: Audio Ca Captioning materials and tr	-	THIS IS NOT FOR RECORDING	G DEVICES	
2. ATTACH	COURSE SCHEDULE:				
Attach a cop	y of your course schedule	e. This can be found	d on the "My Class Schedu	le" section of MyCSUEB.	
3. PROVID	E YOUR INFORMATIO	N			
Name:			Net II	Net ID:	
Phone:		Accessibility	Counselor:		
Campus:	Hayward	Concord	Oakland	Online	
4. QUESTIC	ONS AND MODIFICATI	ONS			
•	(Please initial)	g Assistive Techno	ology? I do not have any		
	STUDENT SIGNATURE			DATE	
			JSE ONLY		
T STAFF:		STAFF INITIALS		SPECIFICATIONS:	
T Coordinator:	ENTERED ON CLASS-LIST: DATE PROCESSED:		TIALS:		