Central Carolina Community College

1105 Kelly Drive • Sanford, NC 27330
Special Populations Services
919-718-7273
1-800-682-8353, ext.7273

Student Schedule Request

Please provide your signature to indicate that you are requesting accommodations for the upcoming semester. If you wish to review and/or change your service contract you will need to speak with the Director before signing this form.

Name (print)	Social Security No.	Date	Semester

- Your class **schedule** is **required** to facilitate service provision.
- Any **changes** in your schedule during the semester should be **reported immediately** to the Special Populations Services Office.
- Effective service provision cannot be expected without this information.

List labs separately, directly under the course for which it is required.

COURSE NAME	NUMBER	SECTION	INSTRUCTOR
ENG (example)	111	L01	Instructor Name (Example)

Enrollment Notices

☐ **Yes, I do** want enrollment notices sent to all my instructors so that they will be aware that I may be requesting special accommodations this semester.

Signature: _____

☐ **Yes, I do** want enrollment notices sent **but only** to the following **selected classes:**_____
_____

Signature: _____

☐ **No, I do not** want enrollment notices sent to my instructors. I understand that in this case my instructors are not obliged to provide accommodations, and the Special Populations Support Services staff cannot intervene or advocate on my behalf.

Signature: _____ 11/2006