

SPRING 2020

Palm Beach State College Center for Student Accessibility (CSA) Semester Request for Services

_____ STUDENT INITIALS

THIS FORM MUST BE SUBMITTED EACH SEMESTER PREFERABLY 3 WEEKS BEFORE THE TERM BEGINS PLEASE FILL-OUT FORM COMPLETELY & SIGN AT THE BOTTOM OF PAGE- SEND CSA AN EMAIL EACH TIME YOU CHANGE YOUR SCHEDULE

Name _____ ID # _____
Last First

Current Address _____
House #, Street or PO Box Apt # City State Zip

Student Cell Phone: _____ Alternate Phone: _____

Palm Beach State Email _____@my.palmbeachstate.edu

Semester requesting services: _____

Primary Campus: Boca Raton ___ Lake Worth ___ Palm Beach Gardens ___ Belle Glade ___ Lox ___ Online ___

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COURSE ID AND REFERENCE NUMBER	ACCOMMODATIONS REQUESTED-STUDENT REQUIRED TO LIST ACCOMMODATIONS

I give the Center for Student Accessibility permission to prepare my letters of notification and share with appropriate faculty and staff to support my academic success.

Signature _____ Date _____