

Student Request for EAC Accommodations

Educational Assistance Center for Students

805-289-6300
VCEAC@VCCCD.EDU

Student's Name: _____ 900#: _____

VCCCD email: _____@my.vcccd.edu Phone#: _____

Summer Fall Spring Year: _____

I understand that:

Early requests for services are encouraged
Late requests may be subject to delays in support
Accommodation Authorizations will not be sent to wait-listed or late-start classes
Request accommodations that have been pre-approved by an VC EAC Counselor
When taking test in the EAC Testing Center, testing appointments must be scheduled 24 hours in advance

Course: _____
CRN: _____
Instructor: _____
 Extended Time on Exams
 Note Taking
 Tutoring
 Other

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Student Signature (Required)

Date