

IUPUI
**OFFICE OF ADAPTIVE
EDUCATIONAL SERVICES**
INDIANA UNIVERSITY—PURDUE UNIVERSITY
INDIANAPOLIS
Office of Diversity, Equity and Inclusion

STUDENT SERVICES COVER SHEET- ADAPTIVE EDUCATIONAL SERVICES

Student: _____ **Date:** _____

Student ID No. _____

Professor: _____ **Department/School:** _____

The student listed above is registered with our office and is enrolled in your class:

Course No. _____ **Section No.** _____

Based upon the documented disability, we have approved the following accommodations that are indicated with a checkmark.

1.) **That the student is permitted to have extended time on tests in the amount of:**

One-and-a-half times the established test-taking time.

Double the established test-taking time.

2.) **That the student be permitted to utilize a note taker for the class.**

The note taker will be another student in the class whose notes he/she will copy.

3.) **That the student be permitted to audio tape class lectures.**

4.) **Other:** _____

Thank you in advance for your cooperation. If you should need additional information, or have any questions, please feel free to contact our office at 274-3241 or fax a 278-2051

AES Staff Signature _____