

Services to Students with Disabilities

## Extension of Assignment Due Date Request Form

| Student Name: |            | Term:        |      | 20                |  |
|---------------|------------|--------------|------|-------------------|--|
| Coyote ID:    | CSUSB Ema  | CSUSB Email: |      | @coyote.csusb.edu |  |
| Phone:        | Check One: | Home         | Work | Cell              |  |

- 1. It is **MY** responsibility to discuss extension of assignment due dates with my instructor and submit this request to SSD five (5) business days after the first class, following determination of eligibility. Exceptions will be handled on a case-by-case basis.
- 2. It is **MY** responsibility to ensure this form is filled out completely and correctly. The lack of any pertinent information may impact SSD's ability to ensure the provision of accommodation.
- 3. It is **MY** responsibility to adhere to, and complete work within the agreed upon alternate timeframe.
- 4. I am aware that eligibility for extension of assignment due dates does not guarantee due date extensions for all assignments, given that such extensions may alter a course's essential requirements.
- 5. I am aware I am authorizing SSD to release information related to my accommodations for coordination of extension of assignment deadlines. Persons may include faculty, departmental staff, and SSD.

## I have read and agree to the above responsibilities and statements.

| Student Signature:              | Date:                   |               |  |
|---------------------------------|-------------------------|---------------|--|
| Course Number & Section:        | Course Registration No: |               |  |
| Days/Time:                      | Location:               | Instructor:   |  |
| Office Location:                | Department Location:    | Office Hours: |  |
| Instructor Email:               | @csusb.edu              |               |  |
| Information for the Instructor: |                         |               |  |

## If assignment due dates are extended:

1. I verify that the original and alternate due dates below are correct and complete.

## If assignment due dates are not extended, either partially or in total:

- 1. I have discussed with the student how due date extensions alter essential course requirements.
- 2. I will be contacted by SSD to discuss how due date extensions alter essential course requirements.

| Original Due Dates: | Alternate Due Dates: |  |  |
|---------------------|----------------------|--|--|
| 1                   | 1                    |  |  |
| 2                   | 2                    |  |  |
| 3                   | 3                    |  |  |
|                     |                      |  |  |

4. \_\_\_\_\_ 4. \_\_\_\_

Instructor Signature: \_\_\_\_\_ Date: \_\_\_\_\_