

Rosedale Technical College

Accommodation Approval Letter

Date: _____

Student:

Program: _____

Start Date: _____

The Accommodations Committee has completed its review of your accommodation request and supporting documentation submitted on [Insert Submission Date]. After engaging in the interactive process and considering your specific needs and program requirements, the Committee has approved the following reasonable accommodations for the [Insert Term/Semester, e.g., Fall 2025] term:

Approved Accommodations

(Please check all that apply and specify details as needed.)

- Extended time on exams (____ minutes or ____ %)
- Reduced-distraction testing environment
- Note-taking assistance / copy of lecture materials
- Alternative testing format (e.g., paper-based, typed)
- Accessible seating / classroom arrangements
- Use of assistive technology (specify): _____
- Modified attendance policy (where appropriate)
- Other: _____

Implementation

You are responsible for providing a copy of this letter to each instructor as early as possible in the semester. Faculty members are required to implement only those accommodations listed in this letter.

If you encounter any difficulty in receiving your accommodations or believe an adjustment is not working as intended, please notify the Student Success Center immediately or email studentservices@rosedaletech.edu

Important Notes

- Academic standards and learning objectives for each program remain unchanged. Accommodations are designed to ensure equal access, not to alter program requirements.

- Some external assessments (e.g., Commercial Driver License exams, State Inspection exams, EPA tests) are regulated by outside agencies, which may limit the College’s ability to provide certain accommodations.
- All information regarding your disability status and accommodations will be kept confidential and shared only with those directly involved in implementation.

Acknowledgment of Receipt

Please sign and return this section to confirm that you have received and understand your approved accommodations.

Student Signature: _____ **Date:** _____

Accommodations Committee Authorization

Name/Title	Signature	Date
Committee Chair	_____	_____
Committee Member	_____	_____
Committee Member	_____	_____