



Accommodations Request Form

Semester: _____

Year: _____

Student Information

Name: _____

Student ID: _____

Phone: _____

Ohlone Email: _____

Counselor

Manija Ansari: _____

Rosa Burciaga: _____

Stefanie Ellis-Gonzales: _____

Jonathan Nicolas: _____

Terry Taskey: _____

Nan Zhou: _____

Semester Classes

Synonym	Course & Sec. #	Units	Day(s)	Time	Room				
						Notetaker	Testing	Interpreter	Other

Semester Fees

Fee Name	Cost
Enrollment Fee (Resident)	\$46 per unit
Enrollment Fee (Out of State/International)	\$290 per unit
Electronic Access Fee	\$5.00
Health Services Fee	\$21.00
Student Activity Fee	\$5.00
Electronic Access Fee	\$5.00
Shuttle Fee (12+ units)	\$15.00
Shuttle Fee (0-11 units)	\$8.00

Payment

Total Units: _____

Enrollment Fee: _____

Semester Fees: _____

DOR: _____

SSI/CA Promise Grant: _____

Self-Pay: _____

DOR/VR Counselor: _____

Total Semester Dues: _____

Submit your completed form to sas@ohlone.edu