

**CLASS AIDE REQUEST FORM**  
**Services to Students with Disabilities**  
**CALIFORNIA STATE UNIVERSITY, SAN BERNARDINO**

Student Name: \_\_\_\_\_ Request for: Fall Winter Spring Summer 20 \_\_\_\_

Coyote ID#: \_\_\_\_\_ CSUSB Email: \_\_\_\_\_@csusb.edu

Contact Phone: \_\_\_\_\_ (circle one) home work cell

- **It is MY responsibility** to submit a completed Class Aide Request Form to SSD at least thirty (30) days prior to the first day of classes each quarter.
- **It is MY responsibility** to communicate with SSD immediately should there be any change in my class schedule or location that will affect my request for a Class Aide.
- **It is MY responsibility** to establish and maintain communication with SSD regarding my Class Aide request.

I have read and agree to the above responsibilities and statements:

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

**Class Schedule**

**List only those courses for which you are requesting a Class Aide.**  
**(Example: Eng 306, 25624-01, Smith, 8-9:10, UH 106)**

Course	Call #/Section	Instructor	Day/Time/Location
Course	Call #/Section	Instructor	Day/Time/Location
Course	Call #/Section	Instructor	Day/Time/Location
Course	Call #/Section	Instructor	Day/Time/Location

Received

White-SSD Canary-Student