Print Form

SUNY Delhi
Resnick Learning Center

Application Request for Electronic Textbooks

Student: _____ ID: _____

Student email: _____ Date: _____ Semester: _____

Title/ Year/ Edition	Publisher	ISBN	Course	Instructor

➢ **Attach sheet for additional requests.**

It is understood that I must present this completed request to obtain electronic textbooks to the Coordinator prior to the start of the semester I wish to attend. Requests must be received 4 weeks prior to the start of class. **Students are accommodated in order by date of request received and approved.**

_____
Student's Signature

_____ _____
Coordinator of Services for Students with Disabilities Date Received/ Approved