

**STUDENT DISABILITY SERVICES
ACADEMIC ACCOMMODATIONS REQUEST FORM**



Semester (e.g. Fall) _____ Year _____

Name: _____		Student ID: _____		Date: _____	
Phone Number: _____		Poets Email: _____			
Pronoun Options:	he,him,his,herself	zie,hir,hirs,herself	per,pers,perself		
	she,her,hers,herself	ve,ver,vis,vers,verself			

1. _____
 CLASS SUBJECT, SECTION, AND CRN (e.g. ENGL 370-01) DAYS AND TIME OF CLASS (e.g. MWF: 12-120pm)

 PROFESSOR NAME FALL MODULE 1 FALL MODULE 2

- Time Extensions on Exams Record Lectures Attendance Modification
- Alt Format: E-Text Large Print Audio
- Note-Taker: Student Recommendation OR In Class Anonymous Announcement

If recommending a student to serve as your note-taker, please write the student's first and last name in the "Other" section.

Other _____

2. _____
 CLASS SUBJECT, SECTION, AND CRN (e.g. ENGL 370-01) DAYS AND TIME OF CLASS (e.g. MWF: 12-120pm)

 PROFESSOR NAME FALL MODULE 1 FALL MODULE 2

- Time Extensions on Exams Record Lectures Attendance Modification
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- Note-Taker: Student Recommendation OR In Class Anonymous Announcement

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Other _____

3. _____
 CLASS SUBJECT, SECTION, AND CRN (e.g. ENGL 370-01) DAYS AND TIME OF CLASS (e.g. MWF: 12-120pm)

 PROFESSOR NAME FALL MODULE 1 FALL MODULE 2

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Other _____

4. _____
 CLASS SUBJECT, SECTION, AND CRN (e.g. ENGL 370-01) DAYS AND TIME OF CLASS (e.g. MWF: 12-120pm)

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Other _____

5. _____
 CLASS SUBJECT, SECTION, AND CRN (e.g. ENGL 370-01) DAYS AND TIME OF CLASS (e.g. MWF: 12-120pm)

 PROFESSOR NAME FALL MODULE 1 FALL MODULE 2

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Other _____

6. _____
 CLASS SUBJECT, SECTION, AND CRN (e.g. ENGL 370-01) DAYS AND TIME OF CLASS (e.g. MWF: 12-120pm)

 PROFESSOR NAME FALL MODULE 1 FALL MODULE 2

Time Extensions on Exams Record Lectures Attendance Modification

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Other _____