



Disabled Students Programs & Services

Letter of Accommodation Request

Fill out completely. Pending disability specialist approval accommodation letter(s) will be transmitted electronically to the instructor of record. Please note, you must be registered and on the class roster for an approved academic accomodation to be rendered.

Date _____ Academic Term/Year _____

Student ID _____ Full Name _____

Phone Number _____ E-mail _____

Classes you are requesting accommodations for:

Class Number	Course	Instructors Name
<i>Example: 21839</i>	<i>Example: English 101</i>	<i>Example: West, L.</i>

Disabled Student Program and Services will inform you if request for accommodations are not approved

Approved Declined Other (see notes)

Notes/Comments

Disability Specialist Signature _____

Date _____