

WESTERN MICHIGAN UNIVERSITY



Disabled Student Resources and Services
Division of Student Affairs

ACCOMMODATION REQUEST FORM

Name: _____ Semester: _____

WIN #: _____ LOCAL Phone #: _____

Local Address: _____

E-mail Address: _____

COURSE	CRN #	INSTRUCTOR <i>(Last Name)</i>	ACCOMMODATION REQUESTED
(for example) UNV 101	(for example) 10101	(for example) Doe	(for example) Extended time and quiet room for testing.

Please submit this form to the Disabled Student Resources and Services office. This form must be renewed each semester. Copies of this form are available in the DSRS office. Please remember to pick up all accommodation letters from the DSRS office within two weeks of submitting the form.

In requesting this accommodation, I also give permission for DSRS to share information concerning my disability with the faculty member(s) named. This may include information regarding the examinations, the accommodations requested, and the impact my disability may have on these courses. This permission remains in effect only for this semester, and I may formally withdraw it in writing at any time.

Student's Signature: _____ Date: _____