

**SCHREINER UNIVERSITY**  
**REQUEST FOR ACADEMIC ACCOMMODATIONS**

Date: \_\_\_\_\_

Semester: \_\_\_\_\_

Name: \_\_\_\_\_

Student ID#: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

**Accommodations Requested:**

**NOTE:** Documentation of the disability from an appropriate professional (e.g. psychologist, medical doctor) must be submitted before accommodations can be approved.

Extended time for tests

Note-taker for the following classes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Books on CD (for use with Kurzweil reading software)-list course and book name:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Other - specify: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

**I hereby authorize the Learning Support Services department to release information from my file to my instructors as necessary to establish and implement appropriate academic accommodations.**

\_\_\_\_\_  
Student's Signature

\* \* \* \* \*

**FOR OFFICE USE**

Date Application Received: \_\_\_\_\_

Date Documentation Complete: \_\_\_\_\_

Application:  approved  denied  pending

Notice due: \_\_\_\_\_; notice sent: \_\_\_\_\_  
*(Due 14 days after documentation complete)*

Reason: \_\_\_\_\_  
\_\_\_\_\_

Appeal due date: \_\_\_\_\_  
*(Due 14 days after notice received by applicant)*

Appeal received date: \_\_\_\_\_

Date of Implementation: \_\_\_\_\_

Follow-up letter due: \_\_\_\_\_; letter sent \_\_\_\_\_  
*(Due 10 days after date implemented)*

Comments received date: \_\_\_\_\_  Satisfied  Adjustments needed: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Director, Learning Support Services

\_\_\_\_\_  
Date