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# Office of Accessibility Services

**Identification Process**

Student Schedule Request

This form needs to be updated and submitted to the Office of Student Accessibility Services prior to each semester of enrollment.

Accommodations cannot be provided without this information. If the student’s schedule, instructor, or involvement in extracurricular activities change during the semester please notify the Special Populations Coordinator.

For changes to your previous accommodations you will need to speak with the Coordinator in advance. At that point, new medical documentation may be requested.

Remember, **you are responsible for meeting with your instructors** at the beginning of the semester. The Coordinator will email you when your plan has been sent to your instructors.

Name: Student ID Number:

Term (check one): Fall Spring Summer Year:

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| --- | --- | --- | --- |
| **Course Prefix** | **Course Number** | **Course Section** | **Instructor’s Name** |
| *ENG*  *(Example)* | *111 (Example)* | *LO1 (Example)* | *John Smith (Example)* |
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| **Extracurricular Activities** | | | **Group Contact** |
| *Basketball/Phi Theta Kappa (Example)* | | | *John Smith (Example)* |
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**Accommodation Notices**

* Send accommodation notices to **all** my instructors requesting special accommodations. Signature: Date:

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* **Only** send accommodation notices to the following instructors requesting special accommodations: Signature: Date:

Coordinator Notes Rec: Sent: Date: 4/2016