



UNDERGRADUATE ACCOMMODATION LETTER REQUEST FORM

Please Note: **Graduate** students must contact their school's ODS Liaison prior to or during the first week of classes to begin the process of notifying faculty. **Undergraduate** students registered with the Office of Disability Services (ODS) notify their professors of their accommodation needs by providing them with an Accommodation Letter signed by an ODS coordinator. The Accommodation Letter provides formal notification of students' registration with ODS and their specific accommodation needs.

In order to receive accommodations for their classes, students are required to present each of their professors with an Accommodation Letter for signature and return the signed copy to ODS.

Accommodation Letters/Faculty Notification Process:

- Submit *Undergraduate Accommodation Letter Request Form* to ODS indicating course schedule prior to or during the first two weeks of each semester
- Pick up Accommodation Letters from ODS approximately two business days later
- Provide Accommodation Letters to professors for signature and discussion regarding the provision of accommodations
- Return signed letters to ODS
- Professors may wish to discuss the accommodations recommended in the Accommodation Letter with ODS. Final determination of accommodations is made after such consultation.

Please allow two business days for accommodation letters to be prepared by ODS.

Student Name: _____ Date: _____

UNI: _____

School: _____ Year of Anticipated Graduation: _____

Advisor: _____

Would you like electronic copies of your Accommodation Letters to be sent to your Advisor?

Yes

No

Please provide the following information or attach a copy of your schedule:

1. Course Title: _____ Professor: _____

Meeting Schedule: _____

2. Course Title: _____ Professor: _____

Meeting Schedule: _____

3. Course Title: _____ Professor: _____

Meeting Schedule: _____

4. Course Title: _____ Professor: _____

Meeting Schedule: _____

5. Course Title: _____ Professor: _____

Meeting Schedule: _____

6. Course Title: _____ Professor: _____

Meeting Schedule: _____

ODS Office Use Only:

Date Form Received: _____

Staff Initials: _____

Letters Prepared by: _____

Date Letters Prepared: _____

Date Letters Picked-up: _____

Student Signature: _____

Date Signed Letters Returned to ODS: _____