

ACCOMMODATION RENEWAL REQUEST FORM

Request must accompany documentation and be returned to the Associate Dean’s Office no later than November 1st for the Fall semester, April 1st for the Spring semester or July 1st for the Summer semester.

Name _____

Dawg Tag # _____ E-mail _____@siu.edu

Telephone Number _____

I request renewal of the accommodation(s) granted to me earlier by the Associate Dean for the _____ semester, 20_____.

Check only one of the following, whichever is appropriate:

/ I certify that the disability documented in my earlier request continues and that I am not aware of any information materially different from the documentation earlier submitted in support of my request for accommodation.

/ I am aware of information that is materially different from the documentation earlier submitted in support of my request for accommodation. A summary of that information is attached hereto.

Signature of Student _____ Date

FOR ADMINISTRATIVE USE ONLY

/ Accommodations Approved, With No Changes from Prior Semester

Associate Dean _____ Date

/ Accommodations Approved, With the Following Changes from Prior Semester

Associate Dean _____ Date

I accept _____ / reject _____ the accommodation offered by the Associate Dean.

Signature of Student _____ Date