

ACCOMMODATION RENEWAL REQUEST FORM

Request must accompany documentation and be returned to the Associate Dean’s Office no later than **October 1st** for the Fall semester, **March 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