ACCOMMODATION REQUEST FORM

Request must accompany the Faculty Notification Letters and be returned to the School of Law Registrar’s Office, 103B Lesar Law Bldg., 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

I am requesting the following *DSS approved* accommodations beginning with the _____________ semester, 20_____.

Disability _____________________________________________________________________

DSS approved accommodations:

Exam: _______________________________________________________________________
                                                                                   _______________________________________________________________________

Classroom: ___________________________________________________________________
                                                                                   _______________________________________________________________________
                                                                                   ______________________________________________

☐ The **Faculty Notification Letters** are attached for **EACH** course for the semester.

OR

☐ The **Faculty Notification Letters** have been emailed to lawreg@siu.edu for **EACH** course for the semester.

___________________________________________ ______________________________
Signature of Student                        Date
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FOR ADMINISTRATIVE USE ONLY

☐ DSS approved accommodations will be permitted

☐ DSS approved accommodations will be permitted except for those listed below for the following reasons:

Exam: _______________________________________________________________________
                                                                                   _______________________________________________________________________
                                                                                   ______________________________________________

Classroom: ___________________________________________________________________
                                                                                   _______________________________________________________________________
                                                                                   ______________________________________________

Signature of Associate Dean                        Date
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By signing below, I accept the accommodations offered by the Associate Dean and understand I must renew my accommodations each semester.

____________________________________________ ____________________________
Signature of Student                        Date
http://law.siu.edu/infofor/disability-policies.html  http://disabilityservices.siu.edu/  Updated: 02/2020