

ACCOMMODATION 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 _____

Disability _____

Documentation: Attached Previously Provided

Is this accommodation requested with respect to exam taking? Yes _____ No _____

Accommodation requested (be as specific as possible) _____

Remember to fill out a Renewal Request for Accommodation prior to the start of each subsequent semester.

Signature of Student Date

FOR ADMINISTRATIVE USE ONLY

The following accommodations will be permitted and will be provided as noted:

The following accommodations have not been permitted for the following reasons:

Signature of Associate Dean Date

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

Signature of Student Date