

Returning Student Accommodations Request Form

Please write legibly or type

Fall _____ Spring _____ Summer _____

Date of Request: _____

Student Name: _____ ID# _____

Current Year Status : Freshman Sophomore Junior Senior 'CE μ š

Have your accommodations changed since last used? Yes No

Have you had a new assessment or testing done since last used? Yes No

If yes, please provide documentation to the Disability Services Office located in the Student Success Office, Nethery Hall Suite 210 as soon as possible, in order for your request to be processed. If you are not able to bring the documentation to the office, please have them scanned and emailed to disabilities@andrews.edu or faxed to (269) 471-8407. If you have any questions, please contact the Disability Services Coordinator at (269) 471-8407.

Semester Classes and Teachers

| Class Name | Meeting Days | # of Credits | Name of Instructor |
|------------|--------------|--------------|--------------------|
| 1. _____ | _____ | _____ | _____ |
| 2. _____ | _____ | _____ | _____ |
| 6. _____ | _____ | _____ | _____ |
| 7. _____ | _____ | _____ | _____ |
| 8. _____ | _____ | _____ | _____ |

Office Use

Processed By: _____ Date: _____