



ACCOMMODATION NOTIFICATION REQUEST

I, _____, am requesting accommodation notification be forwarded to the following instructors for _____ semester 20__.

1. Course Prefix & Number: _____ Instructor: _____

Name of Course: _____

2. Course Prefix & Number: _____ Instructor: _____

Name of Course: _____

3. Course Prefix & Number: _____ Instructor: _____

Name of Course: _____

4. Course Prefix & Number: _____ Instructor: _____

Name of Course: _____

5. Course Prefix & Number: _____ Instructor: _____

Name of Course: _____

6. Course Prefix & Number: _____ Instructor: _____

Name of Course: _____

7. Course Prefix & Number: _____ Instructor: _____

Name of Course: _____

The above is a list of all instructors I request be notified of my accommodation. I understand that if there are any changes, it is my responsibility to notify Disability Services and instructors not listed above will not receive accommodation notification.

Signature: _____

Date: _____