



## Request for Letters of Accommodation

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**NAME:** \_\_\_\_\_ **STUDENT ID :** \_\_\_\_\_

Daytime phone number: \_\_\_\_\_

Cardinal email: \_\_\_\_\_

**LOCATION:**  Main Campus

Extended Academic Programs

Professional Schools:  FSOP  RSO  SOM  SoPT

**SEMESTER:**  Fall Extended (16 wk)  Fall I  Fall II

Spring Extended (16 wk)  Spring I  Spring II

Maymester  Summer Extended  Summer I  Summer II

**MAJOR:** \_\_\_\_\_ **Concentration (if applicable):** \_\_\_\_\_

**Veteran:**  Yes  No **Athlete:**  Yes  No **International Student**  Yes  No

I understand that it is my responsibility to submit a new request for letters of accommodations each time I register for classes. I will return to Student Disability Services to pick up the Letters of Accommodation that I have requested once I have been notified of their availability via Cardinal email.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date