Request for Classroom Accommodations

_Students must complete the Accommodation Request Form._
_Students must attach a syllabus for each professor/class in which they are seeking accommodations._

This form provides students an opportunity to describe their disability and accommodations they are hoping to receive. Students may supplement this form with an additional narrative by providing a letter that further describes their disability and/or accommodations they are requesting. Students may consider including information about their experiences related to their disability, barriers faced, and/or previous accommodations (effective or ineffective).

**Please provide accurate contact information:**

Full Name:________________________________________________________________________________________

Address: __________________________________________________________________________________________

Universal Identification Number (UIN): _____________________ E-mail Address: ______________________________

Student’s Phone Number(s): ___________________________________________________________________________

Day or __________Evening Student ________

**Please enter your class schedule below:**

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<th>Class</th>
<th>Section</th>
<th>Professor</th>
<th>Day</th>
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**What is your disability or disabilities?**

__________________________________________________________________________________

__________________________________________________________________________________

__________________________________________________________________________________

**Potential Accommodations:**

What types of accommodations/services are you hoping to receive, or have received in the past?

__________________________________________________________________________________

__________________________________________________________________________________

__________________________________________________________________________________