



# NOTICE OF APPROVAL OF ACCOMMODATION FOR DISABILITY

Name (last, first): \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Your request for reasonable accommodations has been approved. The approved accommodation consists of the following:

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_
- 5. \_\_\_\_\_

The period of your accommodation is as follows:

Start: \_\_\_\_\_ End: \_\_\_\_\_

Please notify student services of any change in your need for accommodation.

\_\_\_\_\_  
Provost

\_\_\_\_\_  
Student Services Department

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

STUDENT: Please indicate whether you accept the accommodation offered and return the completed form to Student Services.

I accept the reasonable accommodation as outlined above.

I do not accept the reasonable accommodation outlined above.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_