

Trimester: Fall Spring Summer 20____

ADVENTIST UNIVERSITY OF HEALTH SCIENCES OFFICE FOR STUDENTS WITH DISABILITIES

SEMESTER ACCOMMODATION REQUEST

Please complete and return this form to the Office for Students with Disabilities for **EACH** semester that you are requesting accommodations. Allow one week for processing. Requests for accommodations cannot be processed without the return of this form. Once the request for accommodations has been processed, each instructor listed will receive notification

Name: _____

Student ID # _____

Telephone: (____) _____ Home Cell

Email: _____

Course # <i>Example:</i> <i>BioL101</i>	Course Name <i>Anatomy & Physiology I</i>	Instructor <i>Jorge Cruz</i>	Days <i>M/F</i>	Classroom <i>CC 227</i>

Signature

Date