GSW | GEORGIA SOUTHWESTERN STATE UNIVERSITY

ACCOMMODATION REQUEST FORM

Name: _____ GSW ID: _____

Address: _____ Zip Code: _____

Telephone: _____ email: _____

Did you receive accommodations last semester? Yes _____ No _____

Semester asking for accommodations (Check one) Fall _____   Spring _____   Summer _____

Today's Date: _____

ALL accommodation requests must be supported by your disability documentation on file with the Office of Accommodations and Access. All information on this form must be complete. <u>Incomplete requests will not be processed.</u>

COURSE NAME	COURSE NUMBER	SECTION NUMBER	ACCOMMODATIONS REQUESTED
Math	_1021_	_014_	_Extended time/Notetaker_ (EXAMPLE)
1.			
2.			
3.			
4.			
5.			
6.			

Student Signature: _____

Disability Director Signature: _____