

# Accommodation Request Form

**Student Name** \_\_\_\_\_

**Student Number** \_\_\_\_\_

**UWO Email** \_\_\_\_\_

**Date** \_\_\_\_\_

**Huron Student?** Yes No

**Documentation Provided:** Student Medical Certificate    Athletic Verification Form    Emergency Room Note    Religious Considerations (please specify):    Other:

Subject, Course # AND Section (e.g. PSYCH 1100E – 550)	Course Component Missed (e.g. midterm, essay, or assignment) <small>*We can recommend accommodation only for evaluations <math>\geq</math>10%</small>	Date AND Time of Course Component Missed

**DO YOU UTILIZE SERVICES FOR STUDENTS WITH DISABILITIES (SSD)?**    Yes    No    \_\_\_\_\_  
If yes, additional form received?

**ARE YOU REQUESTING ACCOMMODATION FOR A FINAL EXAM?**    Yes    No    \_\_\_\_\_

**STUDENT SIGNATURE:** \_\_\_\_\_

**FOR ACADEMIC ADVISING USE ONLY**

**SSD Form Supplied**    **Special Exam Form Supplied**    **Approved**    **Denied**

**Professor(s) and Student Notified on Extranet**

**Advisor Signature**    **Date:**

**Notes:**