

Semester Accommodation Request Form

Please indicate the semester for which you are requesting accommodations. **A separate form is required for each semester and/or session within a semester (e.g., 8 week POT sessions; summer sessions).**

Spring 2017 May 2017 Summer 2017 I II III Fall 2017 Winter 2017

Name: _____ 900#: _____

Phone: _____ Gatormail: _____ @gator.uhd.edu

COURSE NAME and #	CRN	PROFESSOR	TYPE (Face to Face, Hybrid, Online)

- I understand that I must be a registered student of the ODS in order to receive accommodations.
- I understand that it can take up to **one (1) week** for my accommodation letters to be processed from the date in which the request was received.
- I understand that accommodations are **not** retroactive and only move forward in time.
- I understand that my instructors have **one (1) week** to review my accommodations after the letter is sent. Thus, I understand that my accommodations will begin on the seventh (7th) day from the date in which the letter was sent to my instructor(s) or the date of approval, whichever comes first.
- I understand that my accommodation letters will be emailed to my instructor(s) with my Gatormail copied on each email. Thus, I understand that it is my responsibility to check my Gatormail for confirmation that the accommodation letters were sent.
- I understand that it is my responsibility to inform the ODS immediately when my accommodations are not being met by my instructor(s).

Student Signature

Date