
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