

Office of Disability Services Resources
Subsequent Request Form for
Academic Adjustments and Modifications

My signature below verifies that:

The personal information and/or requested accommodations on my original DSR Enrollment form has NOT changed. (If it has I will request a new form to update my records.)

I am requesting accommodations for the semester listed _____ .

Name: _____ A# _____

Semester: _____ Year: _____

Course Name: _____ Instructor Name: _____