

Course Accommodations Request Form

Each semester please provide all of the information requested, in order for your primary university to best meet your needs. If you need help completing this form, please contact your primary university's disabilities services provider. **This form is available in taped and large print formats by request.**

Date _____

Name _____ SSN _____

Current Address _____

Phone Number _____ TDD Phone _____

Fax Number _____ E-mail Address _____

Circle semester of enrollment: Spring Summer Fall Other Year _____

Course Prefix	Course Number	University Offering Course	Course Location	Accommodations Needed
Example: HIST	101	BHSU	Spearfish Public Library	note taker

Please return this completed form to your primary university's disabilities services office.