

Trimester: Spring 20__ Summer 20__ Fall 20__

ADVENTHEALTH UNIVERSITY OFFICE FOR STUDENTS WITH DISABILITIES

TRIMESTER ACCOMMODATION REQUEST

Please complete and return this form to the Office for Students with Disabilities for **EACH** trimester that you are requesting accommodations. Allow 7 – 10 business days for processing. Requests for accommodations cannot be processed without the return of this form. Once the request for accommodations has been processed, each instructor listed will receive notification

Name: _____

Student ID # _____

Telephone: (____) _____

Home Cell

Email: _____

Course # <i>Example:</i> <i>BioL101</i>	Course Name <i>Anatomy & Physiology I</i>	Instructor <i>Jorge Cruz</i>	Days & Time <i>M/F 1-3</i>	Classroom <i>CC 227</i>

Signature

Date