

Office of Disability Services and 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:

Signature: _____ Date: _____