

**Services for Students with Disabilities Garrett-Evangelical Theological Seminary**

**CONFIDENTIAL**

*Academic Accommodation Form*

<b>Today's Date:</b>	_____		
<b>Name:</b>	_____	<b>G-ETS ID:</b>	_____
	<b>(Last, First)</b>		
<b>Email:</b>	_____		
<b>Phone:</b>	_____	<b>Date of Birth:</b>	_____
	<b>Home/Work/Cell (circle one)</b>		

G-ETS Professor: The above-referenced student meets the Disability Accommodation requirements and now requests academic accommodation (i.e. extended deadlines, extended time to complete exams, a quiet room for exams, and access to a computer in place of handwriting for exams) in your course. Please indicate your willingness to accommodate this student below:

<b>Class/Semester/Year</b>	<b>Professor's Last Name</b>	<b>Professor Signature</b>	<b>Notes</b>
_____			
_____			
_____			
_____			
_____			

*Return this complete form to the Office of Student Life*