

Boston University Office of Disability Services

Request for Accommodation Form

DB _____

****Please complete this form each semester you seek accommodations.****

Name: _____ School, College, Office: _____ Major: _____

I.D. # _____ - _____ - _____ E-mail Address: _____

Expected graduation date: _____ Class status: Freshman ♦ Sophomore ♦ Junior ♦ Senior ♦ Graduate Student

Applicant Signature: _____ **Date:** _____ / _____ / _____

LOCAL

Address: _____

City: _____

State: _____ Zip: _____

Telephone: () _____

PERMANENT

Address: _____

City: _____

State: _____ Zip: _____

Telephone: () _____

Semester you are requesting accommodations: Fall _____ Spring _____ Summer I _____ Summer II _____

Accommodation(s) requested: _____

Please complete the following or attach a copy of your current course schedule. The accommodations you request must have **prior approval** through the application process and be on file with Disability Services.

| | Course # | Section # | Course Title | Instructor(s) |
|----------|----------|-----------|--------------|---------------|
| Course 1 | | | | |
| Course 2 | | | | |
| Course 3 | | | | |
| Course 4 | | | | |
| Course 5 | | | | |

Staff Signature: _____ **Date:** _____ / _____ / _____

Dean's approval date: _____ / _____ / _____

Accommodations approved through the following date: _____ / _____ / _____

Approved Accommodations: _____