Dear Student,

This form must be filled out accurately and completely to be turned in to the Office of Disability Services at Brescia University. Proper documentation must be submitted to ensure timely processing of your request. Upon approval of accommodations, you will be provided an accommodation request letter to give to each of your instructors. It is your responsibility to give your accommodation letter to your instructors and discuss with them your individual academic needs. Each semester you will need to request a new letter from the Office of Disability Services either verbally or by email. Once the Office has your original request and documentation, that information will not need to be re-submitted each semester.

Student Name (please print) : ________________________________  Request Date : _____________

REQUESTED  APPROVED  ACCOMMODATION

__________  _________  Assistance in acquiring downloadable books
__________  _________  Auxiliary Device usage
__________  _________  Calculator usage
__________  _________  Classroom with reduced distractions
__________  _________  Excused absences due to pregnancy-related illness (doctor’s note req.)
__________  _________  Exemption from reading out loud in class
__________  _________  Exemption from speaking out loud in front of a group
__________  _________  Extended time for testing
__________  _________  Preferential Seating
__________  _________  Quiet place for testing
__________  _________  Tape recording of lectures
__________  _________  Other ____________________________

Signature : _________________________  Approval Signature : ____________________________

Date : _____________________________  Date : _____________________________

Contact Telephone No : _______________

I can be reached by email at Dwight.Ottman@Brescia.edu, by telephone at (270) 686-4281 or at the address noted below.

Brescia University
Office of Disability Services
717 Frederica Street
Room 4115
Owensboro, KY 43201