



JACKSONVILLE UNIVERSITY
DISABILITY SUPPORT SERVICES

ACCOMMODATION REQUEST FORM TERM _____

Student Name: _____ *Please Print* Major/Dept.: _____
Student Id #: _____ Status: Frsh___ Soph___ Jr___ Sr___ Grad___
E-Mail Address: _____ Telephone: _____

Course Id	Professor's Last and First Name	Sent by:
		By: Date:

No Changes in Accommodations

Student Signature _____ Date: _____

Received by: _____ *Date Stamp*

Letters prepared by: _____ Date: _____