



# DAKOTA WESLEYAN UNIVERSITY

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## Office of Student Disability Services Request for Exam Accommodations

Complete the following information for each course in which you are requesting accommodations. You are responsible for scheduling your exam with the Office of Student Disability Services. ***A minimum of one week's notice is required to ensure accommodations are in place for the exam.*** Less than a one-week notice may not give the Office of Student Disability Services time to ensure that accommodations are in place.

Today's Date \_\_\_\_\_

Name \_\_\_\_\_

Phone/Cell Number \_\_\_\_\_

E-mail Address \_\_\_\_\_

Course Name and Number \_\_\_\_\_

Course Meeting Days and Time \_\_\_\_\_

Professor \_\_\_\_\_

Professor's Phone Number or E-mail \_\_\_\_\_

Dates and Times of Exams \_\_\_\_\_

Do you have a current accommodation letter for this course?  Yes  No

Has your accommodation letter been signed by the professor?  Yes  No

Has your signed accommodation letter been returned to the Office of Disability Services?  Yes  No

What are your accommodation needs for the exams? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date