

University Diversity and Inclusion Office
 1700 SW College, MO 105
 Topeka, KS 66621
 785-670-1629
 diversity.inclusion@washburn.edu

OFFICE USE ONLY		
Added to SRF List		<input type="checkbox"/>
1	2	3

Please complete and return to The University Diversity and Inclusion Office (accommodation requests may take up to eight weeks to process). When your accommodation forms are ready for pick up, you will be notified by email via your Washburn University email account only.

First		Middle	Last	
Current Mailing Address			City	State
Zip Code	Telephone Number		Date of Birth	Nature of Disability
SSN	WIN W	Official Washburn Email @washburn.edu		

I plan to live on campus I have an off-campus clinical/practicum/internship for the upcoming semester (4-8 weeks advance notice is needed to provide accommodations)

Indicate your current degree plan: Certificate Undergraduate Graduate

Major: _____ Minor: _____

WU Advisor: _____ VR Counselor: _____

Type of Accommodations Requested (check all that apply):

Permission to Tape Record Lectures In-Class Notetaker Sign Language Interpreter Real-Time Captioning Large Print Table and Chair in Classroom Other (please specify): _____	Test Accommodations: Extended Test Time Distraction-Reduced Environment Test Reader Test Scribe Other: _____
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PLEASE CHECK ONLY ONE:

I request the above accommodations for all courses enrolled in during the Spring 2017 semester.

I request the above accommodations for the following courses enrolled in during the spring 2017 semester (please specify): _____

I understand it is my responsibility to make an appointment with each of my instructors and to discuss my accommodations requests. If I am having difficulty with accommodations or I am changing my schedule, it is my responsibility to notify staff with The University Diversity and Inclusion Office as soon as possible.

Student Signature: _____ Date: _____

For office use only: <input type="checkbox"/> R <input type="checkbox"/> A <input type="checkbox"/> N <input type="checkbox"/> AT <input type="checkbox"/> F <input type="checkbox"/> B <input type="checkbox"/> H <input type="checkbox"/> L <input type="checkbox"/> E _____ Staff initials Date	Date emailed Student: _____ Date picked up packet: _____ Student Signature: _____ Date: _____ Date emailed Prof(s): _____
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