



Request for Exam Accommodations Due to Disability

Additional information available at www.law.stetson.edu/disability

Instructions: Please complete this form and submit to the ADA Coordinator by the date for Exam Accommodations listed on the Academic Calendar. NOTE: This request must be renewed each semester.

Name: _____

Student ID: 800 _____

Month/Year of Admission: _____

Preferred Phone No: _____

Intended Date of Graduation: _____

Table with 2 main columns: Status (check one) and Program (check one). Includes checkboxes for Full-time student, Part-time student, J.D., LL.M. in Elder Law, and LL.M. in International Law.

1. List all exams for this term for which you seek accommodation:

Table with 2 columns: Course Title/Instructor Name and Date & Time of Scheduled Exam. Multiple empty rows for data entry.

2. Have you already submitted the necessary medical documentation in support of your exam accommodation request? Yes No (If no, please meet with the ADA Coordinator as soon as possible to review these requirements. Proper medical documentation supporting the need for reasonable accommodation must be on file before accommodations can be granted).

3. Describe the accommodation(s) you request (be as specific as possible; for example, applicants requesting additional testing time should indicate specific amount of additional time sought; attach additional sheets if necessary).

NOTE: If accommodations include the typing of exams, you are responsible for registering to use Examsoft by the published deadlines.

I certify the above statements are true and correct. I acknowledge that any misrepresentation made on this form can be grounds for an Honor Code Proceeding.

Signature: _____

Date: _____