

**Request for ADA Accommodations**

Please complete and submit this request by the ADA Non-Exam Accommodations Deadline listed on the Academic Calendar. Accommodations must be requested each semester. Submission of this form signifies your request to continue receiving previously granted accommodations. Requested changes to accommodations can be noted on this form; please note that such requests may necessitate meeting with the ADA Coordinator and/or providing additional supporting documentation.

Students who have not previously registered with the ADA Coordinator and/or been previously granted accommodations at the College of Law must first register with the ADA Coordinator. For more details, please see <http://www.stetson.edu/law/academics/accessibility/register-request>

This form can be typed, saved, and emailed to ada@law.stetson.edu, or printed and submitted by hand.

First Name Last Name

 

Student ID (800#) Stetson Law Email

 @law.stetson.edu

Preferred Phone Number (ex: 123-456-7890) Semester of Request (ex: Fall 2013)

 

Intended Graduation Date (Month\Year) Student Status (Please check one)

 

Program (Please check one)



Please indicated the course(s) for which you are requesting accommodations. (See end for additional space.)

Course Professor

 

Course Professor

 

Course Professor

 

Course Professor

 

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Course Professor

 

Are you requesting changes to your granted accommodations?(Please check one) 

If yes, please describe the accommodation changes requested (be as specific as possible).



To certify your statements, please check the box and type your name below

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

Type or sign your name Date

 