

**Request for ADA Final Exam Accommodations**

Please complete and submit this request by the Deadline for Exam Conflicts and Final Exam Accommodations listed on the Academic Calendar. Submission of this form signifies your request to receive your testing accommodations for the final exams you list below.

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

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

First Name Last Name

 

Student ID (800#) Stetson Law Email

 @law.stetson.edu

Preferred Phone Number (ex: 123-456-7890) Month/Year of Admission

 

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

 

Program (Please check one)



Please indicate the course(s) for which you are requesting accommodations.

Course Professor

 

Date of Assessment Scheduled Time of Assessment

 

Course Professor

 

Date of Assessment Scheduled Time of Assessment

 

Course Professor

 

Date of Assessment Scheduled Time of Assessment

 

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

 By checking this box, 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.

Type or sign your name Date

 