

**Accommodations Request Form • Fall 2016**  
**Office of Academic Services**

Name \_\_\_\_\_

Class Year \_\_\_\_\_

Banner ID # \_\_\_\_\_

Email \_\_\_\_\_

Based on my documented disability, I am requesting accommodations for each one of the courses listed below. By signing below, I certify that I have received these same accommodations at Providence College in the past. I also realize that I must schedule an appointment with a member of the OAS staff to request any new accommodations.

<b>Course Code (e.g., DWC 201)</b>	<b>Course Registration Number (CRN)</b>	<b>Professor's Name</b>	<b>Accommodations Being Requested</b>

Signature \_\_\_\_\_

Date of Request \_\_\_\_\_