Request for Academic Accommodation

This form should be completed by the student and submitted to the Director of Disabilities Services, Widener University, One University Place, Chester PA 19013. Please note that requests for academic accommodation must be accompanied by documentation of your disability, in accordance with the applicable Widener University Guidelines for Documentation, which can be obtained from Disabilities Services’ website: (www.widener.edu/disabilityserv/).

Student name: _______________________________________
Student ID number: ___________________________
Academic program/ Major: _______________________________
Phone and/or email contacts for student: _______________________________________________________
(Best way(s) to reach student)

Please briefly describe the nature of the disability for which you are requesting accommodation:

________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

Please list separately each accommodation that you are requesting; there are spaces for additional accommodations on the back of this form. For each accommodation, please explain why the accommodation is necessary for you, based on the way in which your disability impacts your academic functioning. If necessary, use additional form(s).

1)_____________________________________________________________________________________
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(For office use only)
☐ Approved  ☐ Denied
Relevant information:_____________________________________________________________________
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2)______________________________________________________________________________________________
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(For office use only)
□ Approved  □ Denied
Relevant information:
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3)______________________________________________________________________________________________
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(For office use only)
□ Approved  □ Denied
Relevant information:
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4)______________________________________________________________________________________________
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(For office use only)
□ Approved  □ Denied
Relevant information:
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