

Waldorf University
Online Accommodation Term Renewal Request

Date: _____ Name: _____

Student ID # _____ Date of Birth: _____

Preferred contact information: _____

I have previously completed an Initial Accommodations Request and have been granted these specific accommodations for online classes in previous terms at Waldorf University based on a diagnosis of a disability. _____ (initial)

I would like to request the following accommodations for my next term. _____ (initial)

List the courses that you would utilize these accommodations in.

<u>Course #</u>	<u>Course Name</u>	<u>Professor</u>	<u>Start Date</u>
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I understand that I need to request these accommodations in a timely manner so that they may be implemented and my professors may be notified. Failure to do so may result in a delay in accommodations or in some circumstances not being able to utilize accommodations.

I understand that the Disabilities Specialist at Waldorf University will review this request and my paperwork on file to determine if these accommodations are applicable for these courses.

I also understand that I will receive a statement of agreement of accommodations from the Disabilities Specialist and a copy of the letter outlining my accommodations to my professor(s).

I understand that I must mail or fax this document to the Disabilities Specialist as it requires my initials and signature and to protect any confidential information.

If I find that my accommodations are not meeting my needs during this term I know that I can contact the Disabilities Specialist and discuss options to be approved to meet my needs.

If I would like to request accommodations I have not been approved for previously I understand I am required to contact the Disabilities Specialist directly and cannot request those on this form.

Signed: _____ Date: _____

Waldorf University, Disabilities Specialist, 106 S. 6th St., Forest City, Iowa 50436
(641) 585-8211 AACE phone
(641) 585-8125 fax