



Student Disability Services/ADA
 PO Box 2216, Decatur, AL 35609
 Phone 256-306-2630 • Fax 256-260-2447

Request for Academic Adjustments and Modifications

Name: _____ **C Number:** _____ **Date of birth:** _____

Phone Number: _____ **Calhoun email:** _____

1. Select term: Fall _____ Spring _____ Summer _____

2. Select appropriate request:

- _____ First time requesting academic adjustments and modifications.
- _____ Request the same academic adjustments and modifications as previous term
- _____ Request to meet with Student Disability Services/ADA staff to discuss different academic adjustments and modifications

3. List information for each course for which you need an accommodation letter:

Class (ex: MATH 100)	CRN (ex: 10543)	Instructor Name
1.		
2.		
3.		
4.		
5.		

4. Your notice will be emailed to your campus email address and to your instructors. You are responsible for discussing your academic adjustments and modifications with your instructor.

5. Review the notice with each instructor and ask each instructor to return the acknowledgement receipt.

_____ I authorize the Student Disabilities Services/ADA office to provide academic adjustments and modifications letter to my instructors.

Student Signature _____ Date _____