

Course Roster Form

Please complete this form by the end of the drop/add period each semester and return to the Office of Disability Services (ODS). You should notify ODS of any subsequent changes in your course schedule that will affect the implementation of your accommodations.

ODS will notify the course instructor(s) identified below of your approved accommodations only after this form is submitted. For testing accommodations, it is your responsibility to communicate with your instructor(s) two weeks prior to the need for accommodation for each assessment that you require accommodations to discuss implementation.

First and last name	PU ID (9 digits)
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

Semester	Class year	Residential College or Graduate Department
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

NOTIFY THE FOLLOWING INSTRUCTORS OF APPROVED ACCOMMODATIONS:

Course (Ex: DIS 101)	Instructor/Preceptor to be notified (First and Last names)	Course Section/Mtg Time (Ex: Precept Mon 1:30)

I give permission for ODS to notify the above instructors of my approved accommodations. I understand that by typing my name below, it is the legal equivalent of my handwritten signature.

Signature:	Date: (mm/dd/yyyy)
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

DO NOT NOTIFY THE FOLLOWING INSTRUCTORS OF APPROVED ACCOMMODATIONS:

Course (Ex: DIS 101)	Instructor/Preceptor to be notified (First and Last names)	Course Section/Mtg Time (Ex: Precept Mon 1:30)