

STUDENT REQUEST FOR SUBSTITUTE REQUIREMENT ON THE BASIS OF DISABILITY

Request for: Semester		<u> </u>	
CE ID No.		i Cai	
Legal Name:			
Last	First	Middle (complete)	Jr., etc.
Mailing Address:			
Street/P.O. Box	City	State	Zip Code
Telephone No.:	Email:		
Degree: A.A. A.S.	B.A.S. B.S.	College Credit C	ertificate
CF Academic Program Code:		_ 0	
Transfer Intention:			
Nature of Disability:			
Course(s) or requirement for which you	are requesting substit	tution:	
Clearly state how your disability interfer	es with your completi	ng this course:	
Actions taken to pass the course(s):			
Services: (tutors, readers, labs, etc.)			

Exam Accommodations: (extended time, etc.)	
Courses: (credit and/or noncredit)	
Other:	
Student must deliver this form with documentation of dis-	,
to CF Accessibility and Counseling Center, Bryant Studen Road, at least 45 days prior to the requested effective sem-	
signed and all necessary documentation submitted before	
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	D 184 /DD /NY
Student Signature	Date: MM/DD/YY