BAKER UNIVERSITY
School of Professional & Graduate Studies
Graduate School of Education

Academic Accommodation Request Form

The purpose of this form is to assist the University in providing reasonable accommodations to qualified students with disabilities. Documentation is on file in the Academic Records Department, and verification is available by contacting the Director of Student Services. This form and all information contained on the form are confidential.

Name: _____ SSN: _____

Home phone: _____ Work phone: _____

Program/group #: _____ Course name & number: _____

Course dates: _____ Instructor: _____

The following accommodation(s) have been determined to be reasonable for this course:

_____

_____

_____

_____

_____

_____

_____ _____
Director of Student Services Date

_____ _____
Student's Signature Date

_____ _____
Instructor's Signature Date

If the instructor has a concern about the accommodation(s) listed, please contact Director of Student Services (913.491.4432) at Baker University within one week of receiving the Request Form.

To the instructor: Please, sign this form. Keep the pink copy and return the remaining copies to Director of Student Services, Baker University, 8001 College Blvd., Ste. 100, Overland Park, KS 66210.

Original – Student's File Yellow – Student Copy Pink – Faculty Copy