

Banacos Academic Center
Disability Services
ds@westfield.ma.edu
Learning Disabilities Program
Idp@westfield.ma.edu
Banacos Advisor:

## **Reasonable Accommodations Request**

Today's Date:		
Request for:		
Full academic year:	(i.e., 2020-2021)	
	(i.e. fall 2020, spring 2021, etc.)	
		UWID#:
Address:		
Phone: (i.e. 555-555-5555)	WSU Email:	@westfield.ma.edu
Major 1:	Major 2:	
exams Calculator for exar Allow for backtrac	e) for exams Scribe for Scribe for Use of c Unlimite ms	for exams or exams computer for exams ed printing king assistance during class):
requesting**	e you requesting? **Please type the te	ext boxes to be specific in what you are
Parking:		
Other:		

## **Accommodation Notices**

I would like all of my instructors to receive a notice of accommodations.  OR  Send for only some courses: (fill this out only if you did not check the option above)  I will choose the courses and instructor names to whom you should send a notice of accommodation.  Course & Section Number Instructor (i.e., ENGL 0102-001)  1.  2.  3.  4.  5.  *If your schedule changes after you have submitted your request, be sure to inform your Banacos advisor.*  Which offices would you like notified and what should we tell them? **Please type on the line to be specific in what you want us to notify them about.**  Residence Life
Send for only some courses: (fill this out only if you did not check the option above)  I will choose the courses and instructor names to whom you should send a notice of accommodation.  Course & Section Number (i.e., ENGL 0102-001)  1.  2.  3.  4.  5.  *If your schedule changes after you have submitted your request, be sure to inform your Banacos advisor.*  Which offices would you like notified and what should we tell them? **Please type on the line to be specific in what you want us to notify them about.**  Residence Life  Facilities  Facilities
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Which offices would you like notified and what should we tell them? **Please type on the line to be specific in what you want us to notify them about.**  Residence Life Facilities
David and Clark
Parking Clerk
Dining
Registrar
Other:
Is there any other information you would like us to share with other offices or instructors?  No Yes. What information and to whom?
Signature: Date:
**To submit this form, please save it on your computer and email it to your Banacos Advisor via your WSU email address.**
*Office Use Only* Notes: