



ACADEMIC ACCOMMODATION PLAN

CONFIDENTIAL

Student: Mary Sue

Student ID#: 00111

Date: 1/1/05

Enrollment Date: Sp 05

Based on a thorough review of the documentation provided us, the office of Student Services has determined that this student will require the following academic accommodations during the _____ semester:

Academic Adjustments –



Auxiliary Aid and Services –



Accommodations approved by _____
Academic Accommodations Liaison

STUDENT:

Your signature indicates your acknowledgment and acceptance of these academic accommodations. Further, you understand that you have the following responsibilities:

- To meet with each of my professors to discuss specific accommodations issues with them
- To immediately report to Student Services any difficulties with implementation of the accommodations requested
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Student Signature _____ Date _____