## Accessibility Request for Continuing Academic Accommodations

Last Name:		First N	lame:		
Student Number:		UWO	Email:		
Cell Phone:		Leave	Message:	Yes	No
Home Phone:		Leave	Message:	Yes	No
Emergency Contact:		Relati	onship:		
Phone Number:					
Accessibility Counsellor:					
Term of Study:					
I am requesting my textbooks converted to Alternate Print format :	Yes No	Please visit	Alternate Print	<u>Materials</u>	
I am aware that I must notify my Counsellor if I add or drop a course:	Yes				

If you would like to schedule an appointment with your Counsellor to discuss your academic accommodations, please call 519-433-3491 ext. 4321. Please Note: Your Counsellor may request an appointment to meet with you, at which you will be contacted by the Accessibility Office.

For Office Use Only				
Documentation:	Adequate, no need for further	Adequate, for transitional		
	Adequate, will need update	Inadequate		
	No Documentation			
Note Taking Support Required	Yes No			

