Special Accommodation Request

PID: ___________________________  Semester: ______________________________

First Name: ______________________  Surname: ____________________________

Telephone Number: (______)____________  MSU email address: ______________________

Check one:  [ ] Personal  [ ] Medical  □ □

[ ] English as a Second Language; native language: ____________________________

Accommodations requested (be as specific as possible):

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

Complete information for entire schedule:

1.  Course Name: ____________________________
    Section Number: _________________
    Professor’s Name: ____________________________
    Exam Date: _____________ Time: _____________

2.  Course Name: ____________________________
    Section Number: _________________
    Professor’s Name: ____________________________
    Exam Date: _____________ Time: _____________

3.  Course Name: ____________________________
    Section Number: _________________
    Professor’s Name: ____________________________
    Exam Date: _____________ Time: _____________

4.  Course Name: ____________________________
    Section Number: _________________
    Professor’s Name: ____________________________
    Exam Date: _____________ Time: _____________

5.  Course Name: ____________________________
    Section Number: _________________
    Professor’s Name: ____________________________
    Exam Date: _____________ Time: _____________

If the professor is permitting use of laptops, are you planning on using a laptop? (circle one)  Y  or  N

Student’s Signature: ___________________________________________ Date: ________________________

Please submit to the Registrar’s Office in person, Room 309, or by fax 517-432-6821.

(Word/I drive/RO Forms/Special Accommodation Request Form)  Revised 2/12/16