

Michigan State University College of Law

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? Y or N

Student's Signature: _____ Date: _____

Please submit to the Office of Student Engagement, Room 308, or by fax 517-432-6821.

(Word/I drive/RO Forms/Special Accommodation Request Form) Revised 1/26/17