

# Dallas Theological Seminary Request for Disability Accommodation

Fill out a form for each course and request accommodations in light of the assignments/requirements for the specific course. Accommodations are to be reasonable, specific, and directly address the barrier(s) to learning you face in a particular course. While accommodations cannot fundamentally change the major aspects of core requirements of courses or your program, they can aid you in successfully completing your work.

Accommodation requests must be made prior to the start of courses or as soon as an issue arises. Accommodations do not carry over into the next semester. Each new semester requires the submission of a new accommodation request form before the semester begins. This allows us to best serve each student in a timely fashion. Accommodations are not retroactive. Plan ahead. Accommodations can take up to ten days to process, so request them before the beginning of the semester. Electronic books, interpreters, and other such accommodations require at least a month's notice.

**Please print**

Today's date: \_\_\_\_\_ DTS student ID number: \_\_\_\_\_

Student's name (First Name Last Name): \_\_\_\_\_

Best phone number to reach you at: \_\_\_\_\_

Term during which you are requesting these accommodations (check one and indicate year)

Fall term \_\_\_\_\_  Spring term \_\_\_\_\_  Summer term \_\_\_\_\_

Course number and section for this accommodations request \_\_\_\_\_

Professor's name for this course and section \_\_\_\_\_

Please describe specifically the accommodations you wish to receive from the professor

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Accommodations are effective upon receipt of a letter of accommodation from Disability Services to your professor.  
By signing this form, you are giving Disability Services permission to disclose your disability status with your professor.

I understand this form must be filled out accurately and completely to ensure timely processing of my request.

Student's signature \_\_\_\_\_ Date \_\_\_\_\_

**Disability Services Use Only**

Disability Services signature \_\_\_\_\_ Date \_\_\_\_\_