WESTERN
CONNECTICUT
STATE UNIVERSITY
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<u>AccessAbility Services</u> <u>Academic Adjustment Request</u>

Student Name:			
WCSU ID#:	Phone:		
School & Major:		_	
Request Requirements:			
	culty advisor about academic require require needed for one's degre	ments for graduation, including general e plan.	
(http://www.wcsu.ed	Register with AAS by completing an Accommodation Intake Form (<u>http://www.wcsu.edu/accessability/forms.asp</u>) and provide appropriate medical documentation that meets the documentation guidelines of AAS.		
		203) 837-8225 (203-837-3235 TTY) to for additional required documentation.	
Submit your Request	for an Academic Adjustment to AA	S located in Haas Library 406.	
Release Consent:			
I,	(prin	t name), give permission to AAS to e with the appropriate academic	
Student Signature:		Date:	
AAS Use ONLY: AAS Request Outcome:		□ HPX Activity Waived	
	Staff (initials):	Academics Emailed:	
FL Substitutes:	_& MAT Substitution:		
	AccessAbility Services		

Haas Library Room 406, Danbury, CT 06810 Phone: 203-837-8225 TTY: 203-837-3235 Fax: 203-837-8848 Email: AAS@wcsu.edu