



Student Disability Services

NOTIFICATION OF STUDENT DECLINING ACCOMMODATION

Student Name:

Student ID#: Semester:

Class CRN#: Subject/Course:

Instructor:

Type of accommodation

Reason given for student declining accommodation:

☐ Declining one time

☐ Declining entire semester

Both student and instructor must agree that the accommodation is being declined:

Student Signature:

Date:

Instructor Signature:

Date: