

Request For Accommodations

Name:	Andrews ID:
E-mail:	Phone:
Campus: Main Distance Affi	iliate Program
What accommodations are you requesting?	
Describe the disability that makes these acc	commodations necessary.
	fax any documentation you have that supports your request pandrews.edu or fax 269-471-8407. The Disability Services information.
·	able accommodations to make classes as accessible as ut changing the basic requirements of each course. For more

information on your rights and responsibilities as a college student with disabilities, please see a

document on the Department of Education's webpage: www.ed.gov/ocr/transition.html.