



## REQUEST FOR ACCOMMODATIONS LETTERS

Full Name: \_\_\_\_\_

Preferred Phone: ( ) - \_\_\_\_\_

For what semester are you requesting letters? \_\_\_\_\_ Year: 20\_\_\_\_\_

Please list the information requested below. Be sure to include **all classes** you are taking this semester, *including those that may not take place until the second half of the semester.*

Course Identifier <small>i.e. NUR 100, GEN 101, etc.</small>	Course Section <small>i.e. A, B, C, etc.</small>	Lead Faculty Member's Name

By initialing each of the following statements, you acknowledge you agree to the following:

- All testing that is scheduled online should be taken at home unless you have *extenuating circumstances* that prevent you from doing so. If this is the case, please reach out privately to discuss the matter **prior** to the start of **each** semester, as in-person testing may be scheduled at the library rather than the testing center. *Please note: your accommodations for extra time, etc. will be built into any online testing that occurs.*  
**Initials:** \_\_\_\_\_
- If your accommodations are testing related and in-person, you agree that arriving late to a test is lost test time.  
**Initials:** \_\_\_\_\_
- If your class schedule and/or sections change, you are responsible for providing Brittany York with an updated Request for Letters Document.  
**Initials:** \_\_\_\_\_

Please return your completed document to Brittany York via email:

[Brittany.York@thechristcollege.edu](mailto:Brittany.York@thechristcollege.edu)