

Faculty of Social Science

Request for Academic Accommodation

Name: _____ Student No: _____

Degree: _____ Module(s): _____ Year: _____

Complete local address: _____

Local Telephone Number: _____ UWO Email: _____

Course(s) for which accommodation is being requested: _____

Instructor name and contact information: _____

Date(s) of exam(s) or test(s) for which accommodation is being requested: _____

Do you write tests/examinations with Services for Students with Disabilities (SSC)?

Yes

No

Religious holiday and date(s) for which accommodation is being requested: _____

*If you write with SSD, this office will notify both your professor and Examination Services.

Religious accommodations are granted according to the recommendations of the Multifaith Calendar:

<http://www.uwo.ca/equity/docs/mfcalendar.htm>

Signature: _____ Date: _____

PLEASE BRING THIS COMPLETED FORM TO THE ACADEMIC COUNSELLING OFFICE, ROOM 2105 SSC.