



ACCOMMODATION REVIEW FORM

Date:

Initiated By:

Instructor Name:

Course/s:

Student Name:

Student ID:

DALS Faculty Representative:

What is the Accommodation(s) that is being requested?

What are the challenges in implementing the requested Accommodation(s)?

Other Relevant Information:

Have DALS faculty reviewed the documentation provided and deemed the requested accommodation to be reasonable?

YES NO

Initiator's signature:

DALS faculty signature:

Resolution:

VP Students & Community Engagement
(or designate) Signature:

Date: