

Request for Modification Letter

Date of request: _____

Student's Name: (Last) _____ (First) _____

Student ID Number (10-digit number): _____

Or Last 4 numbers of your Social Security Number _____

Contact Telephone number: _____ Email: _____

Please attach a copy of your class schedule, or list your classes and the name(s) of instructor(s). Modifications are based on documentation received from a licensed professional.

1. (Course) _____
Instructor's Name: _____

2. (Course) _____
Instructor's Name: _____

3. (Course) _____
Instructor's Name: _____

4. (Course) _____
Instructor's Name: _____

(If you need additional space, please use the reverse side of this form.)

Note: Your modification letter(s) will be ready for pick up within 2 business days.
If there is no valid documentation on file in the Office of Disabled Student Services, in addition to this form, you may be required to complete the Student Intake Application.

For Office of Disabled Student Services Use Only

Letter(s) prepared: Date: _____ Staff person: _____

Current documentation on file: Yes No

New DSS student: Yes No

(If yes, did student complete the Student Intake Application? Yes No

Comments: