

# Michigan State University College of Law

## Special Accommodation Request

PID: \_\_\_\_\_ Semester: \_\_\_\_\_

Name (print): \_\_\_\_\_

Telephone Number: (\_\_\_\_) \_\_\_\_\_ MSU email address: \_\_\_\_\_

**Check one:**    Medical                       English as a Second Language                       Personal

Accommodations requested (be as specific as possible):

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### **Exam Information** (Include all courses that require accommodations.):

1. Course Name: \_\_\_\_\_  
Professor's Name: \_\_\_\_\_  
Exam Date: \_\_\_\_\_ Time: \_\_\_\_\_
  
2. Course Name: \_\_\_\_\_  
Professor's Name: \_\_\_\_\_  
Exam Date: \_\_\_\_\_ Time: \_\_\_\_\_
  
3. Course Name: \_\_\_\_\_  
Professor's Name: \_\_\_\_\_  
Exam Date: \_\_\_\_\_ Time: \_\_\_\_\_
  
4. Course Name: \_\_\_\_\_  
Professor's Name: \_\_\_\_\_  
Exam Date: \_\_\_\_\_ Time: \_\_\_\_\_
  
5. Course Name: \_\_\_\_\_  
Professor's Name: \_\_\_\_\_  
Exam Date: \_\_\_\_\_ Time: \_\_\_\_\_

If the professor is permitting use of laptops, are you planning on using a laptop? (circle one) **Y** or **N**

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please submit to the Registrar's Office in person, Room 309, or by fax 517-432-6821.**

(Word/I drive/RO Forms/Special Accommodation Request Form) Revised 6/16/08