

# Cumberland University Disability Services Academic Accommodations Form

**To be returned in 10 working days**

Student:

Student ID #:

Semester:

Course:

Faculty:

The above named student is registered with the Office of Disability Services. Documentation in our office verifies that this student meets the criteria for designation as an individual with a disability. *The following mandated academic adjustments have been approved pursuant to the Americans with Disabilities Act of 1990 and Section 504 of the Rehabilitation Act of 1973.*

If you have any questions, please call the Dean of Students Office at 615-547-1353. Thank You!

\_\_\_\_\_  
Lisa Macke, Dean of Students

\_\_\_\_\_  
Date\*\*

## Academic Adjustments

## Departmental Response

\_\_\_\_ I recommend additional academic adjustments:

\_\_\_\_\_  
Faculty Signature

\_\_\_\_\_  
Date\*\*

## Student Response

*I agree that the academic adjustments listed are acceptable.*

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date\*\*

**\*\* Attention:** This form is void if not submitted to faculty within ten working days of the date signed by the Dean of Students. Faculty should not sign this form if the ten day deadline has passed.