



**KEISER UNIVERSITY**  
**Approved Course Adjustments/Accommodations**

**Campus** \_\_\_\_\_

**Name:** \_\_\_\_\_

**SS #:** \_\_\_\_ - \_\_\_\_ - \_\_\_\_      **Phone:** \_\_\_\_ - \_\_\_\_ - \_\_\_\_

**Email:** \_\_\_\_\_

**Semester:** Fall      Winter      Summer      **Year:** 20\_\_\_\_

**Directions:** Complete the sections below with the approved adjustments/ accommodations from the Accommodations Review Committee. If you have questions about how to access services, make an appointment with the Campus President

**Classroom-**

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**Testing**

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**Special Services**

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**Student Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Instructor Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Dean Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Campus President Signature** \_\_\_\_\_ **Date** \_\_\_\_\_