**REQUEST FOR COURSE SUBSTITUTION BASED ON DISABILITY**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student ID:\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Disability: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**University of New Haven Campus:**

 UNH West Haven Campus (West Haven, CT)

 UNH Tuscany Campus (Prato, Italy)

 UNH Lyme Campus (Old Lyme, CT)

 UNH New London Campus (New London, CT)

 UNH California Campus (San Francisco, CA)

 UNH New Mexico Campus (Albuquerque, NM)

Course requesting to be substituted: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Which academic term do you plan to enroll in the course that you are requesting be considered for substitution: *Year*: ­­­­\_\_\_\_\_ *Fall*  *Spring*  *Summer*  *Intersession***Requests for course substitution should be made a minimum of three weeks prior to the academic term indicated above**

Explain how your disability affects your ability to be successful in the course identified above. If appropriate, state prior history of attempts to complete this course including the effort and/or university support services you utilized (attach additional sheet if necessary):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Please Initial:

\_\_\_\_\_ I acknowledge that submitting this form to Campus Access Services does not guarantee approval for the requested course substitution.

\_\_\_\_\_ I understand that Campus Access Services will contact me at the phone number I have provided above to schedule a meeting with the Director, and I must attend that meeting.

\_\_\_\_\_ I also acknowledge I may be asked to provide additional documentation.

\_\_\_\_\_ I further understand that I will need to follow all procedures for the process of requesting course substitution.

Student signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CAS USE ONLY**

Date Request Received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_CAS Staff Initial: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Student Contacted to Schedule Meeting: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Scheduled Meeting: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student: Attended Did not attend