



## REQUEST FOR COURSE SUBSTITUTION BASED ON DISABILITY

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

### University of New Haven Campus:

- |   |
|---|
| <input type="checkbox"/> UNH West Haven Campus (West Haven, CT) |
| <input type="checkbox"/> UNH Tuscany Campus (Prato, Italy)      |

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 Accessibility Resources Center does not guarantee approval for the requested course substitution.
- I understand that the Accessibility Resources Center 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: \_\_\_\_\_

### **ACCESSIBILITY RESOURCES CENTER USE ONLY**

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

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

Student:  Attended  Did not attend