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Description automatically generated

REQUEST FOR COURSE SUBSTITUTION BASED ON DISABILITY

Name: Student ID: Phone: Disability:

**University of New Haven Campus:**

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| þÿ UNH West Haven Campus (West Haven, CT) |
| þÿ 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:

þÿ I acknowledge that submitting this form to Accessibility Resources Center does not guarantee approval for the requested course substitution.

þÿ 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.

þÿ 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