



The University of Mississippi
Office of Student Disability Services

REQUEST FOR ADDITIONAL ACCOMMODATIONS

Date of Request: _____

Student's Name: _____ UM ID #: _____

Email Address: _____@go.olemiss.edu Telephone #: _____

Please list the additional accommodation(s) you are requesting:

Please explain the reason you are requesting the additional accommodation(s). Please be **as detailed as possible** when describing the difficulty you are having:

Please print this form, sign it and return it to SDS. We will review your request and contact you as soon as possible with our decision. Attach any new documentation that you may be submitting.

Student's Signature: _____

SDS Use Only -

Date Request Received: _____ New Documentation Submitted: _____

Detail Decision Made Regarding Request:

Staff Member Signature: _____ Date: _____