



University of New Haven

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 Tuscan Campus (Prato, Italy)
<input type="checkbox"/> UNH Lyme Campus (Old Lyme, CT)
<input type="checkbox"/> UNH New London Campus (New London, CT)
<input type="checkbox"/> UNH California Campus (San Francisco, CA)
<input type="checkbox"/> 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