NOVA SOUTHEASTERN UNIVERSITY

# *Semester Request for Services*

Name _____ Student ID # _____
Last First

Current Address _____
House #, Street or PO Box Apt # City State Zip

Phone _____ Alternate Phone _____

Email _____ Semester requesting services _____

Primary Campus: Davie ___ Kendall ___ Orlando ___ Tampa ___ Palm Beach ___ JAX ___ Las Vegas __

| COURSE CODE & CRN | ACCOMMODATIONS REQUESTED |
|---|---|
| | |
| | |
| | |
| | |
| | |
| | |
| | |

I give the Office of Student Disability Services permission to discuss my accommodations with NSU faculty and staff as needed.

_____ _____
Signature Date

Office of Student Disability Services
3301 College Avenue • Fort Lauderdale, Florida 33314-7796
(954) 262-7189 • Fax: (954) 262-1390