



Disabilities Accommodations Request & Plan

A *Disabilities Accommodations Plan* must be updated each **academic term/semester** the student is enrolled at OU.

Term in Use:

STUDENT INFORMATION

Name:	
Student ID:	
OU Email:	
Personal Email:	
Phone(s):	
Address:	
Advisor:	

DISABILITY INFORMATION

Type:	
Nature of Documentation:	

SEMESTER SCHEDULE

Course	Instructor

ACCOMMODATIONS GRANTED

Type	Notes	Approved (DSC Initials)

Disabilities Services Coordinator Signature

Date

Student Signature

Date

Any further notes or discussion relevant to this plan should be placed in the student's file, attached to this form.