



Disability Services

Accommodations Waiver

I, _____, am choosing to waive one or more of my approved academic accommodations as described in the table below:

Date	Name of Exam/Assignment	Waived Accommodation(s)

I hereby certify that it was by my choice not to use the above-described accommodations. I understand that the grade I earn will stand.

Student Signature

Date

Faculty/Staff Signature

Date

Faculty/Staff member: Please return this completed form to the DS Coordinator (SES Bldg 104) to be kept in the student's file.