

INSTITUTE OF
BUDDHIST
STUDIES



INSTITUTE OF BUDDHIST STUDIES
ACCOMMODATIONS RENEWAL
FORM

Term: Fall _____ Spring _____ Year _____

Student's Name: _____

Student ID Number: _____

1. Are you requesting a renewal of accommodations for the upcoming semester?

Yes No

2. Did your condition(s) or symptoms change during the previous semester?

Yes No

If yes, use the space below to explain how your condition(s) or symptoms changed during the previous semester.

3. Are you requesting any changes to accommodations for the upcoming semester?

Yes No

If yes, use the space below to indicate which changes are being requested for the upcoming semester. For example, I need a note taker and no longer need flexible attendance.

DISABILITY INFORMATION RELEASE

I, _____, give the Accessibility and Accommodations
(Please print name)

Coordinator at IBS permission to share information pertaining to my disability with the
following persons:

All faculty members at IBS
 Specific faculty members only (as requested by me on an as-needed basis)
 Other IBS personnel (please indicate individuals):

Other (please explain)

(Please note that the Accessibility and Accommodations Coordinator's supervisor and Dean
may be privy to the student's disability information)

Signature_____ Date_____