**Disability-Related Extension Request**

*(to be completed by student* ***with 'Extensions on Assignments' as a current accommodation*** *and when* ***requesting a further extension*** *longer than the one-week timeline recommended on their accommodation letter)*

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| Date: |  |
| Student Name: |  |
| Student Number: |  |
| Advisor: |  |

Nature of Request:

Reason for Request (e.g. what prevented you from handing in the assignment?):

Do you have medical documentation to support this request? YES NO

**Assignment Details**

Course code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Instructor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

T.A.:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact information: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Original due date for assignment:

Nature of Assignment (e.g. essay, presentation, lab report, etc.):

What is the length of the assignment (e.g., 3 pages, 20 page research paper, 1 hour presentation, etc.)?

How much is the assignment worth (e.g., 20%)? \_\_\_\_\_\_\_\_\_\_\_\_\_\_

When was the assignment originally assigned to class (e.g., date listed in syllabus or provided during class time)?

What is the late penalty policy stipulated in course syllabus, if any?

Current status of work completed for assignment (e.g., finished researching, draft completed, etc.)?

Have you had any contact with professor regarding this assignment? What was the outcome?:

What is your action plan for completing the assignment (e.g., I will finish the research by X date, I will complete writing the draft by X date, etc.)?

Anticipated submission date: (Note: please be realistic, keep in mind your other work. If you need assistance with a plan for completion and submission, please speak to your Accessibility Advisor.

**I agree to continue to work on my assignment while my request is being processed. In the future, I agree to utilize the resources available to me and begin working on my assignments well in advance of the due date to account for the impact of my disability.**

**I also give permission for Accessibility Services to contact my Instructor and/or TA regarding this extension request.**

Student Signature: Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Accessibility Advisor Signature: Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Office Use Only** |
| Outcome of accommodation request: |

January 31, 2019