

REQUEST FOR ONLINE/EXTENDED LEARNING ACCOMMODATIONS

I request that the WVU at Parkersburg Office of Disability Services inform the instructors listed below and Jessie Wass, Instructional Technologist (WVUP Online Education) of my need for the authorized academic accommodations that I have requested.

Signature: _____

Date: _____

Your name _____ Telephone: _____

Address _____ Student ID#: _____

E-mail address: _____

The information below may be obtained from each course syllabus.

**Course and Number
(such as English 101)**

Section

Professor

| Course and Number (such as English 101) | Section | Professor |
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Please fax to (304) 424-8372 or mail to:

WVU at Parkersburg Office of Disability Services
300 Campus Drive
Parkersburg, WV 26104