Accommodation Concerns:

Student Number:	
Student Last Name:	First Name:
Course Code & Course Type (On-campus or Online):	Name of Instructor:
impacting your studies (e.g. concern regarding course related to an upcoming test/exam or assignment, pleat place.	please be as detailed as possible and clarify how this is et delivery, test/exam, lectures, assignments). If your concern is ase indicate the date/time this is due or is scheduled to take
Please outline what actions you have already taken to have been. Please be detailed:	o address this, who was involved, and what the outcome may

Please indicate any other offices on campus you may have been in contact with regarding this matter (e.g.
Registrar, Faculty Member(s)):
registral, i douby Member(5)).
Next Steps:
 Please copy and paste this form into a new email and send to accessibilityservice@tyndale.ca