

CONFIDENTIAL MEMO

Phillips Theological Seminary Notification of Student Accommodations

Date: _____ **Semester/Year:** _____

To: _____

From: Office of the Associate Dean for Admissions and Student Services

In accordance with the disability policy of Phillips Theological Seminary,

_____ has been granted permission through the Office of the Associate Dean for Admissions and Student Services to receive assistance with his/her disability needs as outlined below. Please proceed with the necessary arrangements to effect these accommodations and contact me if you have any questions about this plan. Please notify me by email once the student has discussed this plan with you.

Course Number/Title:

Approved accommodation:

Extended time on quizzes and exams: Time and a half Double time

Extended time to complete in-class written assignments

Reduced distraction space for exams, quizzes, and writing assignments

Use of a computer for in-class writing and essay exams

Use of a tape recorder to record lectures

Use of a reader for exams and quizzes

Use of a scribe for exams and quizzes

Other:

Phillips Theological Seminary
Student Permission for Notification of Disability

I, _____, grant permission to the deans of PTS to release relevant information concerning my disability to the following instructors, my academic adviser, the PTS chaplain, and the PTS director of ministerial formation for my denomination in order that these members of the faculty and staff might help accommodate my needs for learning in class, in accordance with the Seminary's disability policy, for the _____ semester.

Instructor/Course: _____

Instructor/Course: _____

Instructor/Course: _____

Instructor/Course: _____

Academic Adviser: _____

PTS Chaplain: _____

PTS Formation Director: _____

Student Signature: _____

Date: _____