

WESTERN OREGON UNIVERSITY

Office of Disability Services Support Services Add/Drop Form

Please complete this form as soon after registration as possible to insure that you receive services in a timely manner.
Be sure to include all requested information. All information will be kept confidential.

Term/Year: _____ / _____

Name: _____ V # _____

Local Address: _____

City: _____ State _____ ZIP: _____

Phone #() _____ E-mail _____

What is the best way to reach you? Phone E-mail

						REQUESTED CHANGES:				
Add	Drop	CRN	Class	Days	Time	Interpreter	Typewell/ FM System	Notetaker	Books in Alt. Format	Alternative Testing
X		10555	BIO101	MWF	11-12			X		X

Other changes in accommodations: _____

Signature: _____ Date: _____