

Faculty Notification Form

Student Name: _____
Student ID: _____
Email Address: _____
Semester: _____
Today's Date : _____

Please list your approved accommodations **ONLY**.
Accommodations Request

- | | |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

- Letters will be sent electronically **ONLY** to the faculty you list below.
- We need Professor's Full Name and Class numbers as in the sample below.
- If your class is Online or at HC please check the appropriate boxes.
- If information is missing from your form, you will be asked to submit a new form.

Professors Full Name or Email (i.e. - Joe_Smith@uml.edu)	Class No. (i.e. - MATH-1234.101)	Check if Online	Haverhill Campus
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

Note to Professor from Student if required:

