



Semester Renewal Form
Central Methodist University
Disability Support Services

CMU Office Use Only:

Form received ___/___/___ ADA letters ready ___/___/___

Letters picked up ___/___/___ or emailed ___/___/___ Nolij ___/___/___

Use this form to request ADA accommodations for each semester. First time applicants must include the *Initial Intake Application* form. Form must be submitted 2 weeks before each semester to insure ADA accommodations for the beginning of each semester.

Please Print

Full name _____ Student ID# or SS# _____

Address (if changed) _____ City _____ State _____ Zip _____

Phone you can be reached at _____ E-mail _____

Classification: Dual Credit Undergraduate Graduate

Requesting Services for: Fall Spring Summer Year _____

Campus Attending (If you are taking both a seated class and online class mark both areas.)

- | | | |
|--|--|--|
| <input type="checkbox"/> Fayette Campus | <input type="checkbox"/> Linn Site | <input type="checkbox"/> Sedalia Site |
| <input type="checkbox"/> Online | <input type="checkbox"/> Macon Site | <input type="checkbox"/> St Louis Area Sites |
| <input type="checkbox"/> Clinton Site | <input type="checkbox"/> Neosho Site | <input type="checkbox"/> Trenton Site |
| <input type="checkbox"/> Columbia Site | <input type="checkbox"/> Park Hills Site | <input type="checkbox"/> Union Site |
| <input type="checkbox"/> Lake of the Ozarks Site | <input type="checkbox"/> Poplar Bluff Site | <input type="checkbox"/> Waynesville Site |
| <input type="checkbox"/> Other _____ | | |

Advisor: _____

I am a (check one):

- first time Disability Services accommodation recipient (Make sure to complete the Initial Intake Application.)
- returning Central Methodist student and have previously submitted the necessary documentation.
- returning student with previously submitted documentation but have additional documentation. I have requested new documentation to be sent to the Center for Learning & Teaching Office.
- Based on new documentation, what accommodations are you requesting for equal access:

Student Signature Required:

I understand that it is my responsibility to notify the Center for Learning and Teaching when I enroll. I also understand submitting this form late may delay the fulfillment of my request. The information contained in this form, and in any attachments is true and accurate to the best of my knowledge, information, and belief.

Student Signature_____
Date