FLORIDA STATE COLLEGE AT JACKSONVILLE
COURSE SUBSTITUTION REQUEST FOR STUDENTS WITH DISABILITIES

DATE: _____

ORIGIN OF REQUEST (circle one): Kent Downtown North South Open/Deerwood Center

TERM (circle one): Fall Spring Summer

STUDENT NUMBER: _____

NAME: _____
(LAST) (FIRST) (MIDDLE INITIAL)

MAILING ADDRESS: _____
(STREET) (CITY) (STATE) (ZIP CODE)

PHONE: (HOME) _____ Email: _____

Program of Study: _____ Transfer Institution: _____

Nature of Disability: _____

Course for which you are requesting substitution: _____

Course(s) you requested to take in lieu of the above course: _____

Clearly state how your disability interferes with you completing this course: _____

_____

ACTION TAKEN TO PASS THE COURSE(S) (if appropriate):

SERVICES: (tutors, readers, labs, etc.) _____

_____

TESTING ACCOMMODATIONS: (extended time, etc.) _____

_____

COURSES: (credit and/or non-credit) _____

_____

OTHER: _____

Student must deliver this form with documentation of disability (if applicable) and/or other requested information to the Office of Services for Students with Disabilities, at least 45 days prior to the enrollment term. This form must be completed and signed before the request will be considered.

Student's Signature	Date	Office of Services for Students with Disabilities (OSSD) Representative	Date

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Revised: Feb. 20, 2015