University Of Michigan

School or College Graduate Student Reasonable Accommodation Reporting Form

| To be completed by department or unit. | |
|---|-------------------------------|
| Name of Administrative Contact | Title |
| | |
| Department or Unit | Date the Request Was Received |
| | |
| Final disposition of graduate student's request (check one box and then describe or explain in detail). Approved Approved with modifications If the approved accommodation is different from what was originally requested, identify the alternative accommodation: | |
| ODenied | |
| If an alternative accommodation was offered, indicate whether it was: | |
| OAccepted ORejected | |
| Reason for denial of accommodation: | |
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Send a copy of this completed document, along with all associated documents to:

University of Michigan Director of Graduate Student Programs and Consultation Services Rackham Graduate School, Suite 1100 915 E. Washington St. Ann Arbor, MI 48109-1070 Phone: (734) 764-4400 Fax: (734) 615-3832 E-mail: rackham-gspcs@umich.edu