

The Office of Disability Services  
Villanova University  
Connelly Building, Second Floor  
610-519-4095

### Course Roster Form

In order to notify your instructors about accommodations, it is necessary for you to provide information with regard to your courses and instructors. Please return this form before the semester begins or when you make a change in your schedule.

Student's Name \_\_\_\_\_ Semester \_\_\_\_\_

Student ID# \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_

	Course	CRN	Section	Instructor
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____

I hereby give my permission for the Office of Disability Services to notify the instructors listed above with regard to my disability and accommodations agreed upon.

\_\_\_\_\_  
Signature Date