



STUDENT ACCESSIBILITY SERVICES  
 Email: sas\_chsgrad@okstate.edu

**SERVICE RENEWAL FORM FOR CONTINUING / RETURNING STUDENTS**

Name: \_\_\_\_\_ CWID: \_\_\_\_\_ Semester: \_\_\_\_\_  
 Address: \_\_\_\_\_ City, State, Zip Code: \_\_\_\_\_  
 Home/Cell Phone: \_\_\_\_\_ E-mail address: \_\_\_\_\_  
 Major: \_\_\_\_\_ Advisor: \_\_\_\_\_ Expected Graduation Year: \_\_\_\_\_  
 Emergency Contact: \_\_\_\_\_

Course Prefix, CRN, and Section Number	Time / Day / Location	Instructor

**Support Services Requested / Special Equipment:**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

*\*Some accommodations may not apply to **online** classes*

“I have been informed of the support services available to me through Student Accessibility Services at CHS staff. I understand that it is my responsibility to introduce myself to my instructors at the beginning of the semester to privately discuss all of the academic accommodations I am receiving. It is my responsibility to register with the SAS at CHS staff each semester and to notify the Student Accessibility Services staff and/or my instructor(s) if additional assistance is necessary. I agree that I must adhere to the OSU rules and regulations set forth in the Student Code of Conduct; and that my documentation does not waive OSU admission policies and regulations regarding acceptable behavior, or course objectives and requirements. I authorize the OSU CHS Student Accessibility Services staff/ Academic Coordinator for Graduate Programs to release information concerning me to OSU CHS staff and participating university personnel on a need-to-know basis. If I need to schedule to take an exam, I realize it is my responsibility to make arrangements at least 24 hours in advance with my instructor and OSU-CHS testing services.”

\_\_\_\_\_ Date: \_\_\_\_\_ Date: \_\_\_\_\_

Student Signature

Academic Coordinator for Graduate Programs  
 OSU Center for Health Sciences