

THE UNIVERSITY OF THE WEST INDIES

ST. AUGUSTINE, TRINIDAD AND TOBAGO, WEST INDIES

## OFFICE OF THE CAMPUS REGISTRAR

**STUDENT AFFAIRS (EXAMINATIONS)**

TELEPHONE: (1-868) 662-2002 ext. 82155 FAX: (1-868) 645 8649 E-mail: exams@sta.uwi.edu

**DISABILITY ACCOMMODATION REQUEST FORM**

 **FOR GRADUATION CEREMONY**

(Please Print)

Graduate’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Last Name First Name

Student ID#:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Faculty:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Graduation Date & Time:

* Thursday October 26th 2017
	+ 10:00 AM
	+ 4:00 PM
* Friday October 27th 2017
	+ 10:00 AM
	+ 4:00 PM
* Saturday October 28th 2017
	+ 10:00 AM
	+ 4:00 PM

Person Requiring Special Accommodations:

* Graduand
* Guest \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Please Print Guest’s Name)

Please select the nature of the disability below:

* Sight
* Hearing
* Mobility
* Illness
* Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Please specify)

Please select special needs below:

* Aisle seating
* Seating within close proximity to restroom
* Accessible parking area
* Aide required
* Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Please specify)

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Signature of Graduand Date

*The Registry*

*St. Augustine*

*2017/6/6*