

## STUDENT DISABILITY SERVICES, (SDS) ACCOMMODATION AGREEMENT

I, **STUDENT NAME**, understand and agree to the following reasonable accommodations listed below. These accommodations are based on my diagnostic or medical documentation, and my stated need while I am attending classes at USF only. I understand SDS reserves the right to review and/or amend these accommodations as appropriate. I further understand that if eligible for exam accommodations, I must abide by the University Academic Honesty policy.

Accommodation Begin Date: **DATE**

These accommodations are permanent/provisional/temporary and are valid through: **DATE**

**University Recommended Accommodations:**

- Accommodations

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
SDS Disability Specialist

\_\_\_\_\_  
Date