**Centre for Accessible Learning**

Lansdowne Campus

Alan Batey Library & Learning Commons 152

Interurban Campus

Liz Ashton Campus Centre 201

# REQUEST FOR FACULTY NOTIFICATION LETTER DELIVERY

|  |  |
| --- | --- |
| STUDENT NAME: |  |
| STUDENT NUMBER: |  |
| STUDENT EMAIL: |  |
| SEMESTER/YEAR: |  FALL 2021 |

By submitting this form, I understand that the Centre for Accessible Learning (CAL) will forward my Faculty Notifications, which outline my accommodations, to the instructors listed below via email.

| INSTRUCTOR NAME(First and Last Name) | COURSE(ie: BUS 150-001) |
| --- | --- |
| Example: Roz Jeffery | ART 100-005 |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

**Return via email to: CALExams@camosun.ca**