



Accommodations Waiver

I, \_\_\_\_\_, am choosing to waive one or more of my approved academic accommodations as described in the table below:

| Date | Name of Exam/Assignment | Waived Accommodation(s) |
|------|-------------------------|-------------------------|
|      |                         |                         |
|      |                         |                         |
|      |                         |                         |
|      |                         |                         |

I hereby certify that it was by my choice not to use the above described accommodations.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Faculty/Staff member

\_\_\_\_\_  
Date

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**Faculty/Staff member: Please return this completed form to the ADA Coordinator (W160) to be kept in the student's file**