

TEMPORARY ASSISTANCE REQUEST FORM

Georgia State University students may request temporary assistance for short-term impairments. Short-term impairments may include, but are not limited to: broken bones, temporary conditions caused by surgery, and other conditions that may impact academic and campus life.

In order to obtain assistance, please fill out the information requested below, attach supporting documentation and submit completed information to the Office of Disability Services on the Georgia State campus you take classes.

Office Locations

Please enter the information below:

Date:

Name (first middle last):

Georgia State Email:

Cell Phone:

Panther ID Number:

ASSISTANCE REQUEST

Please note this form is not for Parking Accommodations. To request a parking accommodation, a state-issued parking permit should be submitted to Parking and Transportation. State-issued parking permits must be obtained through a state authorized agency.

Please check all boxes that apply:

Classroom Notes

Assistance in taking notes, class attendance is required

Testing Accommodation

Assistance on exams in the form of a scribe or location to makeup missed exams, subject to availability in the Disability Services Testing Center

Other (please specify):

DOCUMENTATION

Assistance requests must be accompanied by appropriate documentation of the temporary impairment. Appropriate documentation, consisting of an official letter, printed on letterhead, from a qualified medical professional, should describe the medical condition, expected duration of the limitation, and any recommendations for assistance. Prescriptions written on a prescription pad are not accepted as appropriate documentation.

(Please Complete Additional Information on Pg. 2)

Class Schedule Information

Please fill in your class information below. If you have more than 5 courses, please use the space at the bottom to complete the additional course information.

Course Number (ex. MATH 1501 A):

Course Name (ex. Calculus 1):

Day(s) and Time (ex. MWF 10:05-10:55):

Professor Name & Email:

Course Number (ex. MATH 1501 A):

Course Name (ex. Calculus 1):

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Course Name (ex. Calculus 1):

Day(s) and Time (ex. MWF 10:05-10:55):

Professor Name & Email:

Field Below For Office Use Only

Date Received:

Date Entered:

Completion Date:

Initials: