



Special Accommodations Request-Medical or ESL

MSU College of Law ♦ Office of Student Engagement ♦ 648 N. Shaw Lane, Rm. 308, East Lansing, MI 48824

Phone Number: 517-432-6835 ♦ Fax Number: 517-432-6855 ♦ Email: oselaw@law.msu.edu

Print First & Last Name (Surname): _____ PID: _____

MSU Email Address: _____@msu.edu Phone Number: _____

Type of Accommodation: Medical English as a Second Language (ESL); native language: _____

I hereby request the following accommodations (be as specific as possible):

This form may be submitted via mail, fax, email, and in person to the address listed at the top of this form. If special accommodations are authorized, my request and supporting paperwork (if applicable) will be kept in a Special Accommodations file. I understand that my Special Accommodations file will be kept for 6 years from the date I sign this request form and will be separate from my student file. ***If I am approved for medical or ESL special accommodations, I understand that for any exam that exceeds four (4) hours, I am allowed a 30-minute break. During the break, I am only allowed to leave the exam room to use the restroom and materials that relate to the final exam may not be reviewed during the break***

Student Signature: _____ Date: _____

OFFICE USE ONLY

I authorize the following accommodations to be effective _____ semester, and the accommodations shall be in effect until _____ semester **OR** until otherwise stated:

Extended time allotted for exam(s)

Additional 20 minutes for each hour

One and one-half the normal time

Periodic Breaks As Needed

Other: _____

Separate Exam Room

If a separate exam room is unavailable, a limited distraction environment is to provided.

Non-Legal and Non-Electronic Translation Dictionary

Other: _____

Assistant Dean for Student Engagement Signature: _____ Date: _____

Staff Initials: _____	<input type="checkbox"/> SAME	<input type="checkbox"/> SALA	Start Term: _____	End Term: _____	Updated 7/6/17
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