

Student Accessibility Services
PRIORITY REGISTRATION REQUEST

Submit to SAS by Fri. Sept. 22nd for timely processing.
Please complete this form in ink and sign your name. Incomplete forms will not be processed.

| | |
|---------------------------|---|
| Name: | Request Date: |
| Student ID#: | Cell#: |
| E-mail: @g.rwu.edu | PLEASE NOTE the Registrar's office will notify you via email with your DAY ONE priority registration date & time (times may span morning – evening hours) |

IMPORTANT:

- This form only needs to be completed **ONE TIME** while you are registered with Student Accessibility Services.
- The space below **MUST** be fully completed including the reason(s) you believe you are a candidate for Priority Registration.
 - Examples include: *extended time for testing, spread out course schedule, concentration issues, medication management, etc.*
- You **MUST** plan to meet with your academic advisor to review your next semester courses and for lifting your hold **BEFORE** the first day of registration in order to use the accommodation of Priority Registration.
- SAS does not work with academic advisors to ensure course selection and appointment times.

Please explain the disability-related reason(s) WHY you are seeking this accommodation:

Student signature: _____

Date signed: _____

Date received in SAS: _____

SAS staff signature: _____