

## Disability Cover Sheet

This form is not intended to take the place of any forms you may have filled out for the university. Its primary purpose is clerical. Please attach your supporting documentation to this form and present it to your professor by the appointed due date for the semester of registration. (See course syllabus for this date.)

Name: \_\_\_\_\_

email address: \_\_\_\_\_

Team Number: \_\_\_\_\_

Please note anything specific or unusual that your professor ought to know so that we may be better prepared to facilitate your continued participation in this course.

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