

**FLORIDA STATE COLLEGE AT JACKSONVILLE  
COURSE SUBSTITUTION / WAIVER  
DUE TO DOCUMENTED DISABILITY**

DATE: \_\_\_\_\_

ORIGIN OF REQUEST (circle one):    Kent            Downtown    North            South            Open/Deerwood

TERM (circle one):    Fall            Spring            Summer

STUDENT NUMBER: \_\_\_\_\_ SOCIAL SECURITY NUMBER: \_\_\_\_\_

NAME: \_\_\_\_\_  
                                    (LAST)    (FIRST)    (MIDDLE INITIAL)

MAILING ADDRESS: \_\_\_\_\_  
  (STREET)    (CITY)    (STATE)    (ZIP CODE)

PHONE: (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

Program of Study: \_\_\_\_\_ Transfer Institution: \_\_\_\_\_

Nature of Disability: \_\_\_\_\_

Course for which you are requesting substitution: \_\_\_\_\_

Courses you are requesting to take in lieu of: \_\_\_\_\_

Clearly state how your disability interferes with you completing this course: \_\_\_\_\_

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**ACTION TAKEN TO PASS THE COURSE(S)**

SERVICES (tutors, readers, labs, etc.) /  
TESTING ACCOMMODATION  
(extended time, etc.) \_\_\_\_\_

COURSES: (credit and/or non-credit) \_\_\_\_\_

OTHER: \_\_\_\_\_

Student must deliver this form with documentation of disability and/or other requested information to the Student Support Services Office at least 45 days prior to the enrollment term. This form must be completed and signed before the appeal can be considered. This form and documentation will be forwarded to the Associate Director Student Engagement / Student Support Services for review and processing.

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

Student Support Services Office  
Representative \_\_\_\_\_ Date \_\_\_\_\_