



	10	Name of official at home campus who approved accommodations at home institution: Name: _____ Contact information: _____ May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	11	Student Signature: _____	Today's Date: _____
Section II. CEA Accommodations (Completed by CEA Staff)	12	Based upon the information provided, the CEA staff: <input type="checkbox"/> Will provide the accommodations as requested <input type="checkbox"/> Will not provide the accommodations as requested <input type="checkbox"/> Will provide modified accommodations Describe the nature of the proposed modifications:	
	13	Based upon the information provided, the local Partner Institution (Required only if student is enrolled in a hybrid offering): <input type="checkbox"/> Will provide the accommodations as requested <input type="checkbox"/> Will not provide the accommodations as requested <input type="checkbox"/> Will provide modified accommodations Describe the nature of the proposed modifications:	
	14	CEA Staff Signature(s): _____	Today's Date: _____
Section III. Accommodation Confirmation (Completed by Student)	15	Having read and understood the accommodation(s) proposed in line 12 and/or 13 <input type="checkbox"/> Yes, I accept the accommodations as described in line 12 and/or 13. <input type="checkbox"/> No, I do not accept the accommodations as described in line 12 and/or 13. Comments:	
	16	Student Signature: _____	Today's Date: _____