



	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.  (Completed by CEA Staff on behalf of Partner Institution where applicable)	12	Based upon the information provided, the onsite 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:  <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: _____