

# DSPS Adapted Furniture Request

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_ STUDENT #: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

INSTRUCTOR:  Laura  Lucy  Mary  Vivien

SEMESTER: FALL  INT  SPR  SUM

## CLASS 1

CLASS: \_\_\_\_\_ SECTION #: \_\_\_\_\_

DAYS OF CLASS:  MON  TUES  WEDS  THURS  FRI

TIME OF CLASS: \_\_\_\_\_ LOCATION: \_\_\_\_\_

FURNITURE REQUEST:  CHAIR \_\_\_\_\_  TABLE \_\_\_\_\_  DESK \_\_\_\_\_  
 OTHER \_\_\_\_\_

## CLASS 2

CLASS: \_\_\_\_\_ SECTION #: \_\_\_\_\_

DAYS OF CLASS:  MON  TUES  WEDS  THURS  FRI

TIME OF CLASS: \_\_\_\_\_ LOCATION: \_\_\_\_\_

FURNITURE REQUEST:  CHAIR \_\_\_\_\_  TABLE \_\_\_\_\_  DESK \_\_\_\_\_  
 OTHER \_\_\_\_\_

## CLASS 3

CLASS: \_\_\_\_\_ SECTION #: \_\_\_\_\_

DAYS OF CLASS:  MON  TUES  WEDS  THURS  FRI

TIME OF CLASS: \_\_\_\_\_ LOCATION: \_\_\_\_\_

FURNITURE REQUEST:  CHAIR \_\_\_\_\_  TABLE \_\_\_\_\_  DESK \_\_\_\_\_  
 OTHER \_\_\_\_\_

## CLASS 4

CLASS: \_\_\_\_\_ SECTION #: \_\_\_\_\_

DAYS OF CLASS:  MON  TUES  WEDS  THURS  FRI

TIME OF CLASS: \_\_\_\_\_ LOCATION: \_\_\_\_\_

FURNITURE REQUEST:  CHAIR \_\_\_\_\_  TABLE \_\_\_\_\_  DESK \_\_\_\_\_  
 OTHER \_\_\_\_\_

## CLASS 5

CLASS: \_\_\_\_\_ SECTION #: \_\_\_\_\_

DAYS OF CLASS:  MON  TUES  WEDS  THURS  FRI

TIME OF CLASS: \_\_\_\_\_ LOCATION: \_\_\_\_\_

FURNITURE REQUEST:  CHAIR \_\_\_\_\_  TABLE \_\_\_\_\_  DESK \_\_\_\_\_  
 OTHER \_\_\_\_\_