

COVID 19 Academic Renewal Form
Augusta University

Student Name: _____ Jaguar ID: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Student Status: Current _____ Transfer _____ (choose one)

Requested Alternative Educational Arrangements: (What are you requesting?)
Select from the option below or add one in the space provided:

_____ Modification of in-person component of course

_____ Assistance with note-taking

_____ Modified arrival/departure time for classes

_____ Course substitutions (with permission of appropriate academic depts.)

_____ Preferential seating

_____ Other: _____

Classes requesting Assistance in:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

Student Signature _____ Date: _____

For assistance with the request process or form, please contact Disability Services:

E-Mail: tds@augusta.edu or Phone: 706-737-1469