



College of Dentistry
Office of Education

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INSTRUCTOR NOTIFICATION FORM
FOR STUDENTS REQUESTING SPECIAL TESTING ACCOMMODATIONS

Student's Name: _____ Date: _____

Student Instructions: Please have every course instructor sign their acknowledgement that you require special testing accommodations. Please obtain their signatures and return this form to the Office of Student and Multicultural Affairs (D3-12). You will not be provided with testing accommodations unless this completed form is returned. Thank you

Course Director Instructions: Your signature below acknowledges that the above named student presented their current documentation memo to you and your acceptance that the requirements for these testing accommodations will be arranged and managed by the Office of Education. If you should have any questions, please contact our office at 392-2949. Thank you.

Robert E. Primosch, DDS, MS, MEd
Professor and Associate Dean for Education

Course Number / Course Director

Course Director's Signature

