



**GUAM COMMUNITY COLLEGE
OFFICE OF ACCOMMODATIVE SERVICES
FACULTY ACKNOWLEDGEMENT FORM**

Faculty,

Upon receipt of the Approved Academic Accommodations Form, from your student, please sign and date in the table below. Should you have any questions or concerns, please contact the Office of Accommodative Services at 735-5597 or you may email me at kimberly.bautista@guamcc.edu or Mr. John Payne, Program Specialist, Office of Accommodative Services, at john.payne2@guamcc.edu.

Thank You!

Student Name: _____

Semester/Year: _____

Faculty Signature Copy

Instructor	Course Title/ Section No.	Class Days	Class Time	Signature	Date

NOTE TO STUDENT:

ONCE YOUR INSTRUCTOR(S) HAS/HAVE SIGNED THIS COPY, PLEASE RETURN IT TO THE OFFICE OF ACCOMMODATIVE SERVICES.

OAS STAFF

DATE