

ACCOMMODATIONS FORM

NAME _____ ID# _____

BOX # _____ EMAIL ADDRESS _____

CELL _____

GRADUATION MONTH/YEAR _____

MAJOR _____ ADVISOR NAME: _____

ANY CHANGES IN MEDICATIONS? _____ YES _____ NO

If yes, please indicate what they are _____

ANY CHANGES IN NEEDS/ACCOMMODATIONS?

Explain: _____

DATE PROCESSED: _____ INITIALS: _____

NOTES:

****Complete both sides****

ACADEMIC ACCOMMODATION(S) REQUEST FORM

Current Term (Circle one): Fall 2009 Winter 2010 Spring 2010

I am applying for academic accommodations due to the following disability:

- | | |
|-----------------------------------|--|
| <u> </u> Learning Disability | <u> </u> Attention Deficit/Hyperactivity Disorder |
| <u> </u> Psychiatric Condition | <u> </u> Medical Condition (_____) |
| <u> </u> Hearing Impairment | <u> </u> Visual Impairment (_____) |
| <u> </u> Mobility Impairment | <u> </u> Orthopedic Impairment |

Other: _____

I need letters generated for the following faculty.

(Letters can be picked up within 3-5 days at the Dean of Students Office.)

Professor	Class	Day and Time of Class

My documentation supports the following accommodations are appropriate and necessary for my disability:

If this is my first time in the office, I understand my accommodations will be finalized when I meet with the Director of Student Support Services. I have read and understand that appropriate documentation is required to receive accommodations. I agree to work with the Director of Student Support Services when coordinating and implementing my academic accommodations.

It is my responsibility to meet with each professor in order to arrange necessary accommodation(s).

Student Signature: _____ Date: _____

****Complete both sides****