

ACADEMIC ACCOMMODATION(S) REQUEST FORM

Name: _____ Date: _____

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

- | | |
|--|---|
| <input type="checkbox"/> Learning Disability | <input type="checkbox"/> Attention Deficit/Hyperactivity Disorder |
| <input type="checkbox"/> Psychiatric Condition | <input type="checkbox"/> Medical Condition (_____) |
| <input type="checkbox"/> Hearing Impairment | <input type="checkbox"/> Visual Impairment (_____) |
| <input type="checkbox"/> Mobility Impairment | <input type="checkbox"/> Orthopedic Impairment |

Other: _____

Is this disability temporary? Yes No

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:

Describe how your disability affects you in an academic setting:

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).***

Name: _____ Class year: _____

Signature: _____ Date: _____