



ACCOMMODATION REQUEST FORM

In order to receive accommodations, please submit a copy of this form along with the Disability Verification Form with accompanying documents to the designated Campus Official.

| | |
|-----------------|-------------------|
| Student's Name: | Date of Birth: |
| Address: | |
| E-Mail: | Phone Number: |
| Campus: | Program & Cohort: |

What is the nature of your impairment?

Learning Visual Other
 Mobility Chronic Health _____
 Hearing Mental Health

Please list the accommodations or services that you are currently requesting:

| | | | |
|----------------------|----------------------------|------------------------------|-----------------------------|
| Accommodation: _____ | Have you used this before? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Accommodation: _____ | Have you used this before? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Accommodation: _____ | Have you used this before? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Accommodation: _____ | Have you used this before? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Accommodation: _____ | Have you used this before? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |

What other treatments are being administered? _____

If you have received accommodations at a previous institution, please describe the accommodation and how it has helped you:

Is there anything else you think we should know about your medical condition? _____

Please check which areas listed below you believe are affected as a result of your medical diagnosis and/or medication. Please indicate the level of limitation you experience as a result of your disability.

1= Unable to Determine 2= No Impact 3= Mild Impact 4= Moderate Impact 5= Substantial Impact

| 1 | 2 | 3 | 4 | 5 | Major Life Activities | 1 | 2 | 3 | 4 | 5 | Learning / Time Management |
|---|---|---|---|---|-----------------------|---|---|---|---|---|----------------------------|
| | | | | | Caring for Oneself | | | | | | Memory |
| | | | | | Talking | | | | | | Concentrating |
| | | | | | Hearing | | | | | | Listening |
| | | | | | Breathing | | | | | | Organization |
| | | | | | Seeing | | | | | | Managing distractions |
| | | | | | Walking | | | | | | Timely submission of |

