



REQUEST FOR REASONABLE ACCOMMODATION

Name: _____
LAST FIRST MAIDEN / M.I.

Date: _____ Social Security #: _____

Student - Once you have completed this section, please give this document to the ADA Compliance Coordinator.

Identify your condition(s) and indicate how you believe each condition affects your ability to perform the requirements of the course:

State the accommodation you are requesting:

List all possible alternative accommodations:

Applicant/Student Signature

Date

CONFIDENTIAL



ACCOMMODATION REQUEST FORM

School - State whether the requested accommodation(s) was approved or denied. If approved, state the accommodation(s) that will be implemented and expected dates: (Attach all documentation used in making this decision.)

Compliance Coordinator Signature

Date