



Accommodation Request Form

Student Information

You MUST have your documentation ready to attach before completing this form.

First Name:

Last Name:

Middle Name:

Student ID:

Email:

Phone Number:

Specific Accommodation Information

My diagnosed disability falls into the following category*:

- ☐ ADD/ADHD
- ☐ Learning LD
- ☐ Psychological
- ☐ Medical
- ☐ Hearing
- ☐ Visual
- ☐ TBI
- ☐ Autism Spectrum Disorders
- ☐ Mobility
- ☐ Other Physical

How does your disability affect you academically?

How does your disability affect student life in general (e.g., taking tests, studying)?

Specific accommodations you are requesting* Only listed accommodations will be considered):

Degree Enrollment Classification:

What term is this request for: