



## 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: