

CONFIDENTIAL
REQUEST FOR ACADEMIC ACCOMMODATIONS
For Online Program and Extended Site Students

(Student is to fill out all lines up to and including Vocational Rehabilitation)

DATE _____ ID# _____ SSN _____

NAME _____ TEL # _____

CELL # _____

ADDRESS _____

(Street)

(City)

(State)

(Zip)

Email _____

Are you a full-time student? _____ Circle one: FR SO JR SR GR

ADVISOR _____

(Name)

(Department)

MAJOR _____ MINOR _____

EDUCATIONAL CAREER GOALS _____

Have you applied for Vocational Rehabilitation? _____

If so, name and telephone number of your counselor:

(Following section is to be filled out by ADA Coordinator/Site Designee only)

DOCUMENTATION OF DISABLING CONDITION RECEIVED _____

(Date)

FROM: _____

(Source)

REASON(S) FOR REQUESTING ACCOMMODATIONS _____
