



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

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