

Request for Reasonable Accommodations

To help ensure timely consideration and implementation, individuals making a request for an accommodation are asked to contact the ADA Compliance Coordinator and/or submit this form at least two weeks prior to when the accommodation is needed.

Name: _____
First Last Maiden / M.I.

Email Address: _____ Current Date: _____

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:

_____ Date

Applicant Signature

NOTE: Individuals requesting reasonable accommodation may be asked to provide medical documentation substantiating his/her physical and/or mental impairment(s) and/or the need for the requested accommodation(s), including but not limited to when the limitation or impairment is not readily apparent and/or a requested accommodation does not clearly relate to the impairment(s). Once you have completed this form, please submit to the ADA Compliance Coordinator, Director of Operations, or Campus Director.