STUDENT REQUEST FOR ACCOMMODATIONS

Date:

Student Name:

Campus:

Program:

Start Date:

End Date:

College applicants or students who wish to ask for accommodations should submit medical or other documentation in conjunction to completing the questions below. If the applicant has any other information they wish to present to show a need for accommodations during school, or while on internship, practicum, or field placement (past accommodations in another school, for example), please submit that information for review.

Please contact your Campus Director or Remote Education Director if you need assistance in completing this form or if you have any questions about requesting accommodations. If accommodations are granted, this document will be shared with the appropriate staff on an "as required" basis.

Accommodations Requested: (briefly describe the accommodations sought)

Medical or Other Documentation Submitted: (list the supporting documentation)

STUDENT REQUEST FOR ACCOMMODATIONS

I acknowledge that this form is a request for accommodations. I understand that accomodations will not be put in place until I have met with the Campus Director/Remote Education Director and an individual plan is signed by myself and the Campus Director/Education Director outlining the accomodations we have agreed to.

Student Signature Date

Guarantor's Signature (If applicant is under age of majority) Date

It is the student's responsibility to submit the completed accommodations form and supporting documentation to the Campus Director for consideration. Upon submission, this request form will be signed by the receiving party and a copy will be provided to the student.

I, _____ (CD/RED) acknowledge that I have received a complete Student Request for

Accommodations Form from _____(student first and last name)

on _____(date).

College Staff Signature Date