



**General Information**

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\_\_\_\_\_  
Name (Last, First, MI or Maiden Name)

\_\_\_\_\_  
Social Security # (last 4 digits of SSN)

**Request**

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**Student:** Once you have completed this section, please give this document to the Campus Director.

1. Identify your condition(s) and indicate how you believe each condition affects your ability to perform the requirements of the course:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. State the accommodation you are requesting:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. List all possible alternative accommodations:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

**Review / Determination**

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**Campus Director:** *You should discuss the request with the Corporate Office to determine next steps and exactly what accommodation the campus will provide. State whether the requested accommodation(s) was/were approved or denied. If approved, state the accommodation(s) that will be implemented and expected dates: (Attach all documentation used in making this decision.)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Campus Director's Signature

\_\_\_\_\_  
Date