



## Special Accommodation Request

Student Name \_\_\_\_\_

Student Number \_\_\_\_\_ Program \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Representative \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Description of Disability (attach documentation):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Special Accommodations Requested:

\_\_\_\_ For placement testing only      \_\_\_\_ For placement testing & classes  
\_\_\_\_ None

Reasonable Accommodations Recommended by School:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Cost (if any) above that is to be assumed by other agencies:  
\_\_\_\_\_

\_\_\_\_\_  
*Director of Student Affairs*  
*Affairs*

\_\_\_\_\_  
*Dean of Academic*

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*Program Dean*

**PROGRAM** \_\_\_\_\_  
**DATE** \_\_\_\_\_

**START**