



Request for Accommodation

TO BE COMPLETED BY STUDENT:

Student Name: _____

Date: _____

Program: _____

Course #: _____

Accommodation Being Requested:

Reason for the Request:

The Request for Accommodation Form should be submitted to the Assistant Director. Attach supporting documentation if applicable. If a student is requesting a religious holiday the Attestation Form must be completed as well. Your request will be reviewed; the Assistant Director may convene the program committee if needed. An email will be sent to notify you of the results. The review process can take up to 5 business days.

Email Address: _____

Student: _____

Signature

Date

Received By:

Name Signature Date

Notes:

Accommodation:

Granted

Not Granted

Granted with Modifications

Assistant Director: _____

Signature

Date

Notifications:

Compliance

Registrar

Financial Aid

Financial Services