



ADA Accommodation Request Form

Date: ____ / ____ / ____

Student Information

Full Name: _____ Student ID: _____

Program of Study: _____

Description of disability or functional limitations:

Description of Requested Accommodation(s):

How does the requested accommodation support your access to the program?



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Documentation

Documentation must be from a qualified professional and describe the functional limitations that support the requested accommodations.

- ☐ Documentation attached
- ☐ Documentation will be provided later
- ☐ Requesting temporary accommodations while documentation is pending

Student Signature

I certify that the information provided is accurate to the best of my knowledge. I understand that submitting this form begins the interactive process and that additional information may be required.

Signature: _____

Date: ____ / ____ / ____

For Office Use Only

Date Received: ____ / ____ / ____

Reviewed By: _____

Accommodation Outcome

- ☐ Approved
- ☐ Approved with modifications
- ☐ Pending additional documentation
- ☐ Not approved

Notes / Rationale:

ADA Coordinator Signature: _____

Date: ____ / ____ / ____