

# Student Accommodation Request Form

Please complete this form to request academic or housing accommodations. Once filled out, print this document and submit it to the Student Accessibility Services office along with your supporting medical documentation.

## 1. Student Information

Full Name:

Student ID Number:

Email Address:

Phone Number:

Date of Birth:

## 2. Academic & Housing Details

Current Program/ Major:

Current Year of Study (e.g., 1st Year, 2nd Year):

Type of Accommodation Requested (Academic, Housing, or Both):

## 3. Accommodation Details

Please describe the nature of your disability or medical condition:

Please list the specific accommodations you are requesting (e.g., extra exam time, distraction-free environment, wheelchair accessible room):

Have you submitted supporting medical documentation? (Yes / No / In Progress):

## 4. Acknowledgment & Signature

By signing below, I certify that the information provided on this form is accurate to the best of my knowledge.

Student Signature (Sign after printing):

Date of Signature: