



Request for Accommodations

Student Name _____

Student ID # _____

I would like to request academic accommodations for the _____ semester.
Semester and Year

Please check one:

_____ I am a new student requesting a review of my documentation to determine appropriate accommodations.

_____ I have received accommodations in the past from WCCC and am submitting a request for a new semester. My semester schedule is attached.

_____ I have received accommodations in the past at WCCC and am requesting a review of my record for an adjustment to my accommodations.

Student Signature

Date

Current Email:

This completed form must be submitted to the Student Services Office. You will be contacted to schedule an appointment to discuss disability services after your documentation has been reviewed. Please submit this request at least two weeks prior to the start of the semester in order to have your accommodations in place for the first day of the semester.

For internal use	
_____	Initial intake appointment
_____	Accommodations emailed to student
_____	Accommodations adjusted