PACIFIC COLLEGE
of HEALTH AND SCIENCE

Student Disability Services
Accommodations Request Form

If you are a student with a disability who would like to request accommodations, please fill out this form, submit appropriate documentation, and schedule an appointment with your student advisor.

_____

Name   **Phone Number**

@pacificcollege.edu
_____

Email Address

_____

Program   **Current Term**

In order to receive accommodations, you are required to provide verification of your disability. Please provide documentation on professional letterhead prepared by an appropriate professional, such as a medical doctor, psychologist, or other qualified diagnostician. The required documentation should include the following: a diagnosis of your current disability, as well as supporting information, such as the date of the diagnosis, how that diagnosis was reached, and the credentials of the diagnosing professional; information on how your disability affects a major life activity; and information on how the disability affects your academic performance. You should submit documentation with this form at your initial meeting with your student advisor.

_____

Please read, initial, and sign below.

_____ I understand it is my responsibility to make a disability known and to provide proper documentation from an appropriate professional as described above.

_____ I understand that accommodations are not automatically granted.

_____ I understand that accommodations may not be granted retroactively or prior to review of a complete application, including supporting documentation, and written approval of accommodations by Pacific College of Health and Science.

_____ I understand that accommodations do not exempt me from adhering to all college policies and guidelines including academic policies, codes of conduct, and technical standards as outlined in the catalog and course syllabi.

My signature below certifies that the information provided is accurate and acknowledges that I am fully aware of my responsibilities as it relates to my request for accommodations. My failure to follow these guidelines may result in a delay of services.

_____

Student signature   **Date**