

If you are a student with a disability or other need for accommodations, please fill out this form and submit appropriate documentation to the Student Services Coordinator at StudentServices@pacificcollege.edu.

STUDENT NAME

DATE

PROGRAM

CAMPUS

PCHS EMAIL

PHONE

REQUESTED ACCOMMODATIONS

In order to receive accommodations, you are required to provide verification of your disability or other need for accommodations. Please provide documentation 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 or description of need; information on how your disability or need affects a major life activity; recommended accommodations; and the credentials of the professional evaluator.

Please read, initial, and sign below.

_____ I understand it is my responsibility to make a disability or need 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 are not 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.

STUDENT SIGNATURE

DATE