

Request for Accommodation of Disability

This form must be completed and signed by the student

Contact Information

Name: _____ MICA ID: _____

Local Phone: _____ Cell Phone: _____

Email Address: _____

Local Address: _____

Permanent Address: _____

Preferred Pronoun: He She They Other

Student Information

Semester/Year entered MICA: _____

Present Status: _____

Full-time Part-time Open Studies Other

Degree Status: _____

First Year Sophomore Junior Senior

Graduate Non-Degree

Advisor: _____

Major Field of Study: _____

Request for Accommodations

Describe your disability:

When was your disability first diagnosed?

Did you receive any accommodations in high school or at any other college?

Yes No

If Yes, please explain:

What accommodations are you requesting?

Are you requesting housing accommodations? Yes No

This request cannot be acted upon until the student provides sufficient documentation of disability and need for accommodation as required by College policy and guidelines.

I authorize and request the Learning Resource Center to consider this request for accommodations and copies of all documentation provided in connection with this request and to consult with other educational, medical or psychological professionals as necessary for the evaluation of my eligibility for accommodations.

Requesting Student's Signature:

Date: _____

Internal Use Only

Received by LRC: