REQUEST FOR SERVICES AND ACCOMMODATIONS
For Students with Disabilities

Name: ________________________________  Date of Request: __________________

Phone: ________________________________  Program: _______________________

NMC Email: ________________________________

Please indicate the type of disability for which you are seeking accommodations:

___ ADD/ADHD
___ Hearing impairment
___ Learning disability
___ Motor impairment: __________________
___ Medical: __________________
___ Speech impairment
___ Psychological disability: __________________
___ Visual impairment
___ Other: __________________

Describe the problems, if any, your disability causes in an academic setting. Explain how you have solved these problems in the past:

_________________________________________________________________________

_________________________________________________________________________

Type of Accommodation Requested, if known (please be as specific as possible):

_________________________________________________________________________

_________________________________________________________________________

Type of accommodations received in the past (please be as specific as possible):

_________________________________________________________________________

_________________________________________________________________________

Reason for Requested Accommodation (i.e., how will the requested accommodations address your disability needs):

_________________________________________________________________________

_________________________________________________________________________

NOTE: By signing this form you are voluntarily disclosing your disability and request for reasonable accommodations. You understand that for your accommodations request to be considered, you must meet with the Coordinator of Academic Success to discuss your request and qualified disability. You also understand that you may be requested to provide documentation of your disability and need for accommodations from a qualified professional (Guidelines for documentation from a qualified professional are also available online).

Student Signature ________________________________  Date: __________________

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