



**Center for Student Academic Support
Request for Change of Disability Accommodations**

Date _____

Name _____ ID Number _____

College (circle one): Arts & Sciences ___ Engineering ___ Business ___ Grad ___ Major _____

Home Address _____ City, State, Zip _____ Phone _____

School Address (if applicable) _____ Phone _____

List the accommodations you are currently receiving:

Date of your most recent psycho educational or medical evaluation. _____

What accommodations are you requesting to add or modify?

1. _____
2. _____
3. _____
4. _____
5. _____

Describe why you need to add or modify your accommodation(s).

I understand the eligibility committee will consider the accommodations as requested on this form and that copies of all documentation provided will be reviewed by select administrators and faculty who serve on the eligibility committee.

Applicant Signature

Date