



Accommodation Request Form

STUDENT INFORMATION:

Name: _____ Date of Birth: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

ID#: _____ Email: _____

ACADEMIC INFORMATION:

First term (or anticipated) at Saint Peter's University: _____

Current term at Saint Peter's University: _____

School/College: _____ Major: _____

Class Status:

Freshman Sophomore Junior Senior Transfer Graduate

Other: _____

Has any information changed since last term?: Yes No

ACADEMIC HISTORY AND PRIOR ACCOMMODATIONS OR SERVICES:

Previous School(s) Attended (High School or Postsecondary)	Dates Attended (From - To)	List all approved accommodations and services provided

DISABILITY INFORMATION (To be completed by the Student):

What accommodations have you received in the past, if any?

In your own words, please describe how your disability affects you academically.

In your own words, please describe how your disability affects your major life activities (such as walking, talking, breathing, etc.).