



Disability Accommodation Request Form Academic Resource Center

Please complete the following initial request form. The appropriate professional documentation and specific recommendations for accommodations (see details on the (ARC) Academic Resource center web site) are required. If you have any questions or have not yet had an evaluation, contact the Academic Resource Center ext. 1341 for assistance. As much advance notice in determining eligibility and planning accommodations facilitates the process.

Student Name: _____

Address: _____

Phone: _____

E-mail: _____

Academic Program: _____

Year entering WJC: _____

Semester of accommodation request: Fall Spring Summer Year 20_____

Please indicate the nature of the disability and accommodations requested:

Signature of Student

Submit to: Registrar's Office

Date