Student Request for Reasonable Accommodations

Student's Name: _____ Student ID#:_____ Date: _____

Instructions:

This form is to be completed by the student (or student's representative) making a request for reasonable accommodations. Please do the following:

- Complete the questions below.
- Attach any medical documentation or previous accommodation services (from high school or other institution) concerning this disability.
- Sign and date this request.
- Return this form to:

BY MAIL-
Ozark Christian College
Attn: Lisa Witte
1111 North Main St.
Joplin, MO 64801

ELECTRONICALLY-
witte.lisa@occ.edu

1. Please describe the nature of your disability

2. Is this a temporary or permanent disability?

3. How does your disability affect your ability to interact in a classroom setting and to successfully complete assignment, projects or exams?

4. What accommodations will you need to help you succeed academically?

5. Will you need accommodations within student life regarding your disability? (Ex. Housing? Diet? Transportation?)

_____ Date: _____

Signature of student or student's representative

For Ozark Christian College's complete policy on students with disabilities please visit www.occ.edu/disabilityservices .