



Accommodation Request Form – Western Community College

Student Name:

Student #:

Contact Information (Phone/Email):

Program/Course of Study:

Date of Request:

Nature of Request: _____

Type of Accommodation Requested: (e.g., extended time for exams, note-taking assistance, accessible formats for materials)

Documentation Attached: (Yes / No) Please attach any relevant documentation (e.g., medical records, psychologist's report, IEP, etc.) supporting your request.

If documentation is not available - Reason for Request: (briefly explain how your disability or condition affects your academic performance or participation)

Specific Accommodation Details:

Courses/Activities: (Specify which courses or activities the accommodation applies to)
Details of Accommodation: (Describe the specific accommodations you are requesting in detail)

Previous Accommodations - Have you received accommodation for this disability/condition in the past? (Yes/No) If yes, please specify: _____

Student Signature:

Date:



Approval and Acknowledgment: (To be filled out by the Dean of Programs or Program Coordinator)

Approval/Disapproval:

Reason for Disapproval (if applicable):

Dean of Program or Program Coordinator Signature:

Date:

Additional Notes/Comments: (Optional space for additional information or comments)

Instructions for Submission:

- Submit this form along with any supporting documentation to the Dean of Programs or the Program Coordinator office at your college responsible for handling accommodation requests.

Note: Please allow sufficient time to process your request. The Dean of Programs or Program Coordinator may contact you for further information or clarification regarding your request.

Has the program coordinator been made aware of the accommodations made for this student? Yes / No

Date Program Coordinator was informed: _____