

Simpson College Student Request for Accommodations

Name: _____
First Middle Last

Date of Birth: _____

Campus Address: _____
Residence Hall/ Room #/ Campus Box #

Off-Campus Address: _____
Street City State Zip

Student's Email Address: _____

Student's Permanent Address: _____
Street City State Zip

Students Permanent Phone #: _____

Parent's or Guardian's Name: _____

Address: _____
Street City State Zip

Phone #: _____
Home Work

Do the staff members in the Dean of Students Office and Accessibility Office, Dunn 101, have permission to discuss your file with your parents or legal guardians?

_____ Yes _____ No

DISABILITY

Diagnosed disability: _____

***Official documentation of the specific disability should be on file in the Dean of Students Office and/or in the Student Accessibility Office.*

Please provide any additional information regarding the characteristics of your disability:

Are you currently taking medication(s)? _____ Yes _____ No

If yes, please specify type of medication: _____

Are you presently receiving any ongoing medical treatment? _____ Yes _____ No

If yes, please explain: _____

EDUCATIONAL HISTORY

Intended Major: _____

Planned Attendance: _____ Full-time (12 or more semester hours)
_____ Part-time (less than 12 semester hours)

Attendance Beginning: Fall 20_____ Spring 20_____ May 20_____ Summer 20_____

Current Classification: _____ First-year (less than 30 hours)
_____ Sophomore (30-59 hours)
_____ Junior (60-89 hours)
_____ Senior (90+ hours)

High School: _____
Name City, State

Dates of Attendance: _____

Previous post-secondary schools attended and dates of attendance: _____

ACCOMMODATION AND SERVICE NEEDS

What academic accommodations have you used? _____

Have you had any accommodation requests that have been turned down? ____ Yes ____ No

If yes, please explain. _____

General accommodation needs: _____

Please list any additional services other than academic accommodations you are interested in receiving. _____

Do you use any sort of adaptive or assistive devices? ____ Yes ____ No

If yes, please list: _____

Is the equipment currently available to you? ____ Yes ____ No

