

MONROE COUNTY COMMUNITY COLLEGE
REQUEST FOR STUDENT ACCOMMODATION

Student's Name SSN

Address

Telephone

Disability: _____

_____ Credit Class _____ Non Credit Class

Request for Semester/Year: _____ FALL _____ WINTER _____ SPRING _____ SUMMER

_____ All Classes OR _____ Specific Class(es) Listed Below

Class Name Location Instructor

Class Name Location Instructor

Class Name Location Instructor

_____ Other

Difficulty Related to Disability:

I am requesting the following accommodation based on my disability:

Signature Date

**

LAL ACTION TAKEN:

(Date) (____) review of documentation to support request

Counselor Consultation _____
(Date)

OUTCOME OF REQUEST:

NOTIFICATION: Date: _____ ____ Student ____ By Phone ____ In Person
 Date: _____ ____ Instructor
 Date: _____ ____ Other

Approximate Cost: _____ Charged to Account: _____

Copies: ORIGINAL ____ LAL/Lifelong Learning ____ LAL Accommodation file ____ Mailed to student

10/03