Milwaukee Area Technical College Student Accommodation Services 700 W. State Street Milwaukee, WI 53233 accommservices@matc.edu (414) 297-6750 – phone (414) 297-7705 - fax



## PROGRAM ADMISSIONS APPRENTICESHIP TEST ACCOMMODATION REQUEST FORM

You have made a request for test accommodations. To help us process your request for accommodations, please complete the following information and submit it with your documentation of disability:

Name	Student ID #						
Address							
City	State Zip C		ode Home Phone				
Email		Cell #		High School Attended			
Birthdate		Age _		Are you currently enrolled at MATC?		??	
What is your disability? Not	te: MATC reta	ains the right	to request	additional medical certific	cation of your claimed o	lisability.	
Accommodations requeste	ed:						
Why do you need the requ	ested acco	ommodati	on(s)?				
Do you need a sign langua	age interpr	eter?	Yes	No			
Are you deaf? Yes	No	)	Are yo	u hard of hearing?	Yes	No	
What language do you pre	fer?	ASL		PSE	Signed English		
		Applicant Signature		nature	  Date		
Student Accommodation Servic	es. Date	Date Received Docume					

Action Taken and Date: 9.27.2024/SAS/cab