

MATC REASONABLE ACCOMMODATION REQUEST FORM

(Please check one)

PROSPECTIVE STUDENT REQUESTOR STUDENT REQUESTOR

NAME: _____ DATE: _____

ADDRESS: _____

TELEPHONE: _____

CAMPUS LOCATION OF PERSON SUBMITTING REQUEST: _____

NEED FOR ACCOMMODATION: _____

REQUESTOR'S SUGGESTED ACCOMMODATION: _____

DOCUMENTATION OF DISABILITY: (Please Attach)

MATC'S ACCOMMODATION PLAN: _____

PLEASE SIGN AND DATE ONE STATEMENT ONLY!!!

I concur with the proposed accommodation:

DATE: _____

(Student Signature)

I wish to appeal the committee's proposal:

DATE: _____

(Student Signature)

FOR OFFICE USE ONLY

REQUEST RECEIVED BY:

ADA/504 coordinator or designee

Date

ACCOMMODATION APPROVED:

ADA/504 coordinator or designee

Date