Student Reasonable Accommodation Request

The purpose of this form is to assist the Institute in determining whether, or to what extent, a reasonable accommodation is required for a student with a disability or conflicting religious belief to perform one or more essential functions of their education safely and effectively. Please return the completed form to your Director of Education. ***Please attach appropriate supporting documentation if this request is in regards to a disability.***

Student Name: _____

Program: _____

Campus: _____

Please describe as completely and specifically as possible the accommodation(s) you are requesting.

What are the limitations caused by your condition(s) or religious belief that you are currently experiencing? Please provide as much detail as you believe is relevant.

Regarding the limitations you noted above, what specific parts of your assigned responsibilities are difficult to perform?

In order to facilitate our discussions to identify an effective accommodation(s), tell us what changes you feel are needed in order to carry out your responsibilities and to make it possible for you to continue to perform the essential functions of your education.

Student Signature: _____ Date: _____