

ACADEMIC ADJUSTMENT REQUEST FORM

CONTACT INFORMATION

Name: _____

Address: _____

Preferred Phone: _____ Do you accept text messaging? Yes No (check one)

Preferred Email: _____

ACADEMIC INFORMATION

ATSU School/College: ASDOH ASHS CGHS KCOM MOSDOH SOMA (check one)

Program of Study: _____

Current year in program or Anticipated Graduation Date: _____

If you are not yet matriculated, specify your anticipated start date: _____

DISABILITY INFORMATION

Please indicate your disability or disabilities:

If disabling condition is temporary, please indicate expected duration:

Please describe the disability's current impact and functional limitations to you as a student:

POTENTIAL ACADEMIC ADJUSTMENTS

Please specify what academic adjustments you are requesting, and explain why each is necessary to mitigate a disability-related limitation.

Please specify any approved academic adjustments you have used in the past:

Your Signature

Date

FEEL FREE TO ATTACH ANY ADDITIONAL PERTINENT INFORMATION

Updated July 2017