

## **Accommodation Request Form**

This form is to be completed by the student. If you need more space please use back side of form.

Date:				
Student Informatio	n:			
Full Name:		UIN:		_
Phone Number(s):		Campus Email Ac	ddress:	@tamu.edu
Preferred Email Add	lress:			
Type of Request:	☐ Initial	□ *Renewal-With Change	s □ *Renewal-No Cha	inges
Requesting For:	□ SPRING	☐ SUMMER ☐ FALL	20	
What is your major? If you are a <u>College</u> the College Station of	Station Student classes at the Co Contact Colleg	ollege Station campus as well o e Station at 979-845-1637, em	read below) Program at College Station as applying for accommod	t) n, you will apply for accommodations for dations at the Galveston campus for classe or visit <u>http://disability.tamu.edu/</u>
Disability Informat	ion:			
What is your disabili	ity or disabilitie	es?		
In your own words, p	please describe	your disability. Please include	severity and functional li	mitations.
Potential Accommo	dations:			
What accommodatio		you requesting?		
What accommodatio	ns/services hav	e you used in the past?		
Optional Question:				
		ty programs might you be inte sssist professors, therapy anima		urfing, golfing, late night study group,

<sup>\*</sup> Note: All students must apply for accommodation renewal EVERY semester (unless otherwise instructed in writing)

<sup>\*\*</sup> Please attach your complete class schedule for term or list the number of accommodation letters needed here\_

<sup>\*\*\*</sup>Initial Emotional Support Animal (ESA) requests must have additional completed ESA forms attached to this completed form