

CHARTER COLLEGE

REQUEST FOR ACCOMMODATION PLAN

Student Name: _____ Date: _____

Campus: _____ ADA Coordinator: _____

Completed by Student

State the specific accommodation request and attach any supporting documentation to support the request for accommodation.

Student Signature

Date

Completed by College

Check one below:

_____ Approved

_____ Approved with Changes

_____ Not Approved

If the accommodation request is approved, the accommodation is approved from the signed date below until the end of the student's program, unless otherwise noted below. The approval is not retroactive.

Comments:

Approval Signature

Date