

**Westminster College – Tomnitz Family Learning Opportunity Center
Request for Academic Accommodations**

1. Name _____ Date _____

Student ID Number _____

Cell phone _____

Phone Number _____

Westminster email address _____

2. Semester and year for which you are applying for academic accommodations:

_____ Fall _____ Spring _____ May _____ Year

3. Academic standing:

____ Freshman

____ Junior

____ Sophomore

____ Senior

4. Major _____

Advisor _____

5. Services are being requested for:

____ deaf/hearing impairment

____ attention deficit/hyperactivity disorder

____ blind/visual impairment

____ motor impairment

____ specific learning disability

____ speech impairment

____ physical disability

____ psychiatric

Other _____

6. Do you receive services from Vocational Rehabilitation of the State of Missouri?

____ Yes ____ No ____ Have applied for services

7. Have you received support services in the past? ____ yes ____ no

Where and when? _____

8. What accommodations are you requesting? Some common accommodations made in colleges are as follows:

____ extended time on tests

____ preferential seating

____ tests read aloud

____ use of tape recorder

____ note taker (second form required)

Other: _____

9. Instructor notification. Please print instructor name, including first initial.

Instructor name _____

Course name and number _____

Instructor name _____

Course name and number _____

Instructor name _____

Course name and number _____

Instructor name _____

Course name and number _____

Instructor name _____

Course name and number _____

10. I give my consent to have the Tomnitz Family Learning Opportunities Center notify the above instructors and my advisor of my academic accommodations, with the understanding that the nature of my disability will be kept confidential.

Signature _____ Date _____

Return to: Karen Tompson-Wolfe, Director Learning Opportunity Center, WH 34