

Request for Academic Accommodations

Date _____

Student ID# _____

Name _____

Preferred pronoun _____

Birthdate _____

Home Address _____
(Street)

(City) (State) (Zip)

Campus _____

Major _____

Minor _____

Advisor _____

Current level of study:

- Freshman
- Sophomore
- Junior
- Senior
- Graduate Student

Phone _____

Email _____

Please check all that apply:

- Full-time Student
 - Part-time Student
 - Online Student
 - Active Military or Veteran
 - Vocational Rehab
- If checked, counselor's name and number*

Notes/additional information _____

The following sections are to be completed by the Webster University Academic ADA Coordinator.

Send letter of accommodation to:

- Assistive Technology Coordinator
- Transitions Coordinator
- Other: _____

Medical documentation received:

Date _____

Source _____