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
   _____Sophomore
   _____Junior
   _____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
The Tomnitz Family Learning Opportunity Center  112/2010