



Student Request for Disability Accommodation and Services

(To be completed by Student)

Your Name: _____ Date: _____

Degree Program: _____ Advisor: _____

1. What is your disability? Please specify the date your disability commenced and its expected duration.
2. What is the reasonable accommodation(s) that you are requesting? Be as clear and specific as possible.
3. Please indicate if you prefer to meet with your Service Provider on or before classes begins.
 Yes No
4. Please explain how the requested accommodation, aid or assistance measure will help you to attend the University and participate successfully in your degree program.
5. Please explain if there are **other** accommodations, aids or assistance measures which may assist you to attend the University and fulfill the requirements of your degree program.



6. Are there any elements of your program of study that you cannot complete **without** the accommodation you are requesting? If so, please explain.
7. Are there any elements of your program of study that you cannot complete **even with** the accommodation you are requesting?

I, _____, request that the above accommodations be provided to me as a qualified student with a disability. I further understand that the University of Guam will reasonably accommodate individuals with disabilities, as defined by applicable law, if the individual is otherwise qualified to meet the fundamental requirements and aspects of the program of the University, without undue hardship to the University.

The information that I have provided is true, correct, and complete. I hereby authorize, _____, my treating physician and/or other related health care professional(s) to provide information regarding my condition to the University of Guam to assist in identifying and providing me with the accommodation(s) requested.

Signature of Student

Date