Disability Support Services

Request for Accommodation

Date _____ **College/Program** _____

Student _____ **Age** ____ **SSN /Student ID** _____
(Last 4)

Address _____ **City** _____ **State** ___ **Zip** _____

Phone _____ **E-Mail Address** _____

Reason for accommodation and type of disability:
Note: Documented proof of disability supporting the accommodation request is required. Once the accommodation form and proper documentation has been received the information will be reviewed and discussed with you in regards to appropriate accommodations. These steps are necessary prior to any services.

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What accommodation(s) are you requesting that will help you be successful at MUSC?
Note: A confidential Letter of Accommodation (LOA) will be sent to your instructor with a list of agreed upon accommodations.

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I am registering with Disability Support Services as a student with a disability as defined by the Americans with Disabilities Act and Section 504. Despite my disability, I know I am responsible for following school rules and the MUSC Code of Student Conduct. I am also aware that I must still meet the minimum/technical standards as set forth by my program with or without accommodations. I am also aware that I need to meet with my instructor(s) to discuss my accommodation(s).

_____ _____
Student Signature **Date** **504 ADA Student Coordinator Signature** **Date**

_____
College Coordinator **Date**

Revised 10/2007