



Saint Peter's UNIVERSITY

Accommodation Request Form

STUDENT INFORMATION

Name: _____ Date of Birth: _____
Street Address: _____
City: _____ State: _____ Zip Code: _____
Home Phone: _____ Cell Phone: _____
ID#: _____ Email: _____

ACADEMIC INFORMATION

First term (or anticipated) at Saint Peter's University:

Current term at Saint Peter's University:

School/College: _____ Major: _____

Class Status:

- Freshman Sophomore Junior Senior
 Transfer Graduate Other: _____

Has any information changed since last term: Yes No ?

ACADEMIC HISTORY AND PRIOR ACCOMMODATIONS OR SERVICES

Previous School(s) Attended (High School or Postsecondary)	Dates Attended (From – To)	List all approved accommodations and services provided

DISABILITY INFORMATION (To be completed by the Student):

What accommodations have you received in the past, if any?

In your own words, please describe how your disability affects you academically.

In your own words, please describe how your disability affects your major life activities (such as walking, talking, breathing, etc.).
