



Accommodation Request Form

This form should be completed by the student. Please attach additional information if needed.

Student Information

(Please print legibly or type)

Name (Last, First, Middle): _____

PTS Email: _____@ptsem.edu Phone Number: _____

What semester are you requesting accommodations to start? _____

Anticipated Graduation Date: _____

Please indicate Degree Program:

- | | |
|---|--------------------------------------|
| <input type="checkbox"/> MDiv | <input type="checkbox"/> MTE |
| <input type="checkbox"/> MACEF | <input type="checkbox"/> ThM |
| <input type="checkbox"/> MDiv/MACEF Dual Degree | <input type="checkbox"/> MA (Hybrid) |
| <input type="checkbox"/> MTS | <input type="checkbox"/> PhD |

Disability Information

Please check all that apply:

- | | |
|---|---|
| <input type="checkbox"/> Mobility Impairment | <input type="checkbox"/> Autism Spectrum Disorder |
| <input type="checkbox"/> Deaf/Hard of Hearing | <input type="checkbox"/> Post Traumatic Stress Disorder |
| <input type="checkbox"/> Learning Disability | <input type="checkbox"/> Temporary Impairment |
| <input type="checkbox"/> Visual Impairment | <input type="checkbox"/> Speech and Language |
| <input type="checkbox"/> Psychological/Emotional Disability | <input type="checkbox"/> Neurological Condition |
| <input type="checkbox"/> Brain Injury | <input type="checkbox"/> Allergy |
| <input type="checkbox"/> Medical | <input type="checkbox"/> Other: _____ |

Please include additional information if needed.

What accommodations have you utilized in the past?

Please list the accommodations and services you are requesting:

If applicable, please list any adaptive/assistive technology you will be using:
