Accommodation Request Form

Student Contact Information:
Full Name: _______________________________________________________________________________________
UIN: ____________________________ Student’s Phone Number: ______________________________
Texas A&M Email Address: _________________________________________________________________________
Which semester are you requesting accommodations to start? __________________________________________

Please indicate if you are a:
☐ Veteran / Active Duty Military / Reserve  ☐ Gateway Program Student
☐ NCAA Student Athlete  ☐ Health Science Center Student
☐ DARS Consumer

Disability Information:
What is your disability or disabilities? __________________________________________________________________
_________________________________________________________________________________________________
_________________________________________________________________________________________________
How does your disability impact you as a student? ______________________________________________________
_________________________________________________________________________________________________
_________________________________________________________________________________________________
List any current medications and/or treatments you receive and any related side effects:
_________________________________________________________________________________________________

Potential Accommodations:
What accommodations/services are you requesting? ______________________________________________________
_________________________________________________________________________________________________
_________________________________________________________________________________________________
What accommodations/services have you used in the past? _______________________________________________
_________________________________________________________________________________________________
_________________________________________________________________________________________________
Incoming Freshmen: Are you requesting accommodations on the math placement exam?  Yes _____  No _____
Incoming Freshmen/Transfers: New Student Conference Date: ______________________________________________
If you are requesting housing accommodations, have you applied for on-campus housing?  Yes _____  No _____
If yes, describe your housing accommodation request: ___________________________________________________
_________________________________________________________________________________________________

Feel free to attach any additional information

Department of Disability Services • Texas A&M University • Mailstop 1224 • College Station, TX 77843-1224
Phone/TTY: 979-845-1637 • Fax: 979-458-1214