

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