Accommodation Request Form

This form should be completed by the student. Feel free to attach additional information.

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  □ Engineering Academy Student
□ NCAA Student Athlete  □ Gateway Program Student
□ TWC/DHHS Consumer  □ Health Science Center Student

Disability Information:

What is your disability or disabilities? ________________________________________________________________
________________________________________________________________________________________________
What challenges do you experience in the classroom? ____________________________________________________
________________________________________________________________________________________________
What challenges do you experience related to taking tests/exams? _________________________________________
________________________________________________________________________________________________
What challenges do you experience in the housing environment? __________________________________________
________________________________________________________________________________________________
List any side effects related to treatment or medications that may be relevant to identifying accommodations: ______
________________________________________________________________________________________________
If you are requesting housing accommodations, have you applied for on-campus housing? Yes ____ No ____

Potential Accommodations:

What accommodations are you requesting? ______________________________________________________________
________________________________________________________________________________________________
What accommodations 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: _____________________________________________

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