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 begin? ______________________________________________

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 Resources • 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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