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
[ ] NCAA Student Athlete
[ ] TWC/DHHS Consumer

[ ] Engineering Academy Student
[ ] Gateway Program Student
[ ] 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) • disability@tamu.edu

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