Accommodations 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? _________________________________
________________________________________________________________________________________

* If you are requesting housing accommodations, have you applied for on-campus housing? Yes ____ No ____
List any side effects related to treatment or medications that may be relevant to identifying accommodations: ____________
________________________________________________________________________________________
________________________________________________________________________________________

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