

**Office for Disability Services
Lincoln College-Normal**

Accommodation Request Form

Student _____ Date _____

1. What is the nature of the disability(ies)?

2. What is the current impact of the disability on academic issues?

3. Have you received accommodations in the past?

4. If yes, please list the accommodations and rate their effectiveness.
Add additional sheets if necessary.

Accommodation	Very Effective	Somewhat Effective	Not Effective

5. Please identify your academic strengths and weaknesses:

Strengths

Weaknesses

6. List the academic accommodation(s) you are requesting. Include a rationale for each. Requests must be supported by submitted documentation and must not fundamentally alter the nature of the program or pose an undue administrative or financial burden on the College. Add additional sheets if necessary.

Requested Accommodation	Rationale

