

(12) HAVE YOU PREVIOUSLY RECEIVED ACCOMMODATION BECAUSE OF A DIAGNOSED DISABILITY? IF SO, BRIEFLY DESCRIBE THE ACCOMMODATIONS YOU RECEIVED:

(13) BRIEFLY DESCRIBE HOW YOU BELIEVE YOUR DISABILITY SUBSTANTIALLY LIMITS A MAJOR LIFE ACTIVITY AND IMPACTS YOUR ABILITY TO FULFILL ACADEMIC REQUIREMENTS:

(14) DESCRIBE THE ACCOMMODATIONS SOUGHT AND IDENTIFY HOW THEY WILL HELP YOU FULFILL ACADEMIC REQUIREMENTS (Attach additional pages, if necessary):

(15) IDENTIFY THE ACADEMIC YEAR (S) OR OTHER TIME PERIOD FOR WHICH ACCOMMODATIONS ARE SOUGHT

(16) PLEASE DESCRIBE ANY OTHER RELEVANT INFORMATION THAT YOU WISH THE ACCOMMODATIONS COMMITTEE TO CONSIDER:

Student's Signature

Date

Advisor's Signature (OPTIONAL)

Date

OAE Signature

Date

INTERNAL USE: Date sent to the OAE by the requesting student: _____