



**WESTERN
ILLINOIS
UNIVERSITY**

For Office Use Only

Date Received

**STUDENT DEVELOPMENT & SUCCESS CENTER (SDSC)
ACCOMMODATION REQUEST FORM**

This form should be completed by the student requesting accommodations. Please complete this form and return it to SDSC, 125 Memorial Hall, 1 University Circle, Macomb, IL 61455, by fax at 309-298-2361, or email to disability@wiu.edu. If you have documentation about your disability or past use of accommodations, please send it, as well. You will be contacted by SDSC staff approximately 1 week upon receipt of the completed Accommodation Request Form to schedule a welcome appointment. **Accommodation requests for testing or note-taking assistance received within 2 weeks of finals week will be processed for the following semester.** Please note that the end of the semester is our busiest time at the SDSC, but we will make all attempts to contact you as soon as possible.

STUDENT INFORMATION

Name Date Of Birth
 WIU Student ID
 Cell Phone Home Phone
 WIU Email Address

STUDENT STATUS

Please indicate which of the following best describes your student status.

FUTURE STUDENT-FRESHMAN	Semester & Year
FUTURE STUDENT-TRANSFER	Semester & Year
CURRENT WIU STUDENT (fr, soph, jr, sr, grad)	Semester & Year

Major

DISABILITY INFORMATION

DIAGNOSIS(ES):

BRIEFLY DESCRIBE THE DIFFICULTIES YOU MAY HAVE OR ARE HAVING AT WIU THAT ARE RELATED TO YOUR DISABILITY:

PLEASE LIST ACCOMMODATIONS YOU ARE SEEKING:

HAVE YOU RECEIVED DISABILITY RELATED ACCOMMODATIONS OR SERVICES IN ELEMENTARY SCHOOL, HIGH SCHOOL OR AT ANOTHER HIGHER EDUCATION INSTITUTION?

Yes Where

No

Not Sure

DO YOU PLAN TO REQUEST DISABILITY-RELATED HOUSING ACCOMMODATIONS?

Yes

No

Not Sure

NOTE: Information provided on this form will help the DRC work with you to determine appropriate academic adjustments and auxiliary aids and services. Your signature on this form indicates your desire to pursue services through the DRC and allows us to initiate a review of the requested adjustments.

STUDENT SIGNATURE

DATE

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Assigned to:

Type of Appointment
(Phone or Face-to-Face):

Appointment length:

Notes:

Self-Report Form
Needed: