

Participants Initial Here:

ADULT STUDENT Disability Accommodation Request

REQUESTS MUST BE INITIATED BY THE INDIVIDUAL WHO REQUIRES THE ACCOMMODATION(S) AND MUST INCLUDE SUPPORTING DOCUMENTATION OF YOUR DISABILITY.

Documentation must be from a qualified professional who diagnosed or helps you manage your disability.

Academic accommodation(s) will be provided on an individual basis and will be based on the student's functional limitations.

Submit this form to your Campus Counselor or Student Disability Services.

Documentation attached? \qed	Yes □ No			
Student Full Name:			Date:	
Contact Phone:		Contact Email:		
Program/Class Enrolled:				□ PM □ Evening
Campus:		Start/End Dates:		
Disability Requiring Accomm	nodation:			
How does your disability affect your lear	rning?			
What Accommodation(s) are you reques	ting? Describe how yo	ou've used them in previous academic settings.		
		n 10-Students and Section 11-Discrimination		
Adult Student Signature (Print Name and Sign)	Date	Special Services Co	oordinator Signature	Date
Instructor Signature Required	Date	Campus Counselor	Signature	Date
Accommodation Review and	Follow-up:			
Date:				
Meeting Notes:				
Date:				
Meeting Notes:				

Tulsa Tech does not discriminate on the basis of race, color, sex, pregnancy, gender, gender expression or identity, national origin, religion, disability, veteran status, sexual orientation, age or genetic information. The following person(s) has been designated to handle inquiries regarding the non-discrimination policies: Pam Winterscheidt, Chief Human Capital Officer may be contacted by phone (918) 828-5081, email pam.winterscheidt@tulsatech.edu or by appointment in person 3638 S. Memorial Dr. - 4TH Floor and Michelle Metcalf, Assistant Director, Student Services - 504 Coordinator. Ms. Metcalf may be contacted by phone (918) 828-5295, email michelle.metcalf@tulsatech.edu or by appointment in person 3638 S. Memorial Dr. - 1ST Floor.