

Name:

Student ID Number:

Student Request for Reasonable Accommodations

**Office of Student Services
Division of Student Affairs**

1. What is the type of disability that limits one or more of your major life activities?

2. Please describe the nature and extent of your disability. Describe the limitations imposed by your disability and how those limitations interfere with your ability to meet a specific academic requirement(s).

3. What kind of accommodation do you require? (Check all that apply)

Accessibility Information

Other

Parking

Sign language interpreters

Tutors

Chronic Illness

Testing assistance

Psychiatric Illness

Adaptive technology

Course Exemption

Extended Time

4. Please describe the specific reasonable accommodation or academic adjustment you are requesting and how the accommodation will enable you to meet Howard University's academic requirement(s).