



Adler Graduate School

REQUEST FOR LEARNING ACCOMMODATIONS

- Initial Request
- Request for Continuation of Previously Approved Accommodations

Student's Name _____
(Please print.)

Disability / Challenge _____

FOR INITIAL REQUEST, PLEASE ATTACH DOCUMENTATION OF DISABILITY/CHALLENGE (E.G., FROM PROFESSIONAL ATTENDING TO DISABILITY/CHALLENGE)

Accommodations Requested _____

FOR INITIAL REQUEST, PLEASE ATTACH ACCOMMODATION SUGGESTION FROM PROFESSIONAL ATTENDING TO DISABILITY/CHALLENGE

Course # / Name _____

Instructor's Signature _____ Date _____

Student's Signature _____ Date _____

AGS Academic VP Signature _____ Date _____

**PLEASE RETURN SIGNED FORM AND ATTACHMENTS
TO THE STUDENT SERVICES OFFICE**

(AGS use only)

Comments: _____

