

# DISABILITY ACCOMMODATION REQUEST FORM

United Theological Seminary of the Twin Cities

❖ Please complete this form for each academic year you seek accommodations. ❖

Name: \_\_\_\_\_  
Last First Middle

Date of request: \_\_\_\_\_

Permanent Address \_\_\_\_\_

Telephone: ( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
Day Evening

Nature of Disability: \_\_\_\_\_

Please attach recent clinical documentation (no older than three years) regarding disability.

Accommodation(s) requested:

Signature of student: \_\_\_\_\_ Date: \_\_\_\_\_

(see back for action on request)

Action of the dean of the seminary:

( ) Approve      ( ) Deny

Accommodations approved through \_\_\_\_\_  
Date

**Approved Accommodations**

**In the classroom:**

**In written assignments and/or tests:**

**Other academic accommodations:**

**Other institutional accommodations:**

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

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