

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: _____

Action of the dean of the seminary:

() Approve () Deny

Accommodations approved through _____
Date

Approved Accommodations:

Signed: _____ Date: _____