

**MATC REASONABLE ACCOMMODATION REQUEST FORM**

(Please check one)

PROSPECTIVE STUDENT REQUESTOR \_\_\_\_\_

STUDENT REQUESTOR

NAME: \_\_\_\_\_ DATE:

ADDRESS:

TELEPHONE:

CAMPUS LOCATION OF PERSON SUBMITTING REQUEST:

NEED FOR ACCOMMODATION:

REQUESTOR'S SUGGESTED ACCOMMODATION:

DOCUMENTATION OF DISABILITY: (Please Attach)

MATC'S ACCOMMODATION PLAN:

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**PLEASE SIGN AND DATE ONE STATEMENT ONLY!!!**

I concur with the proposed accommodation:

DATE: \_\_\_\_\_

(Student Signature)

I wish to appeal the committee's proposal:

DATE: \_\_\_\_\_

(Student Signature)

**FOR OFFICE USE ONLY**

REQUEST RECEIVED BY:

ADA/504 coordinator or designee

Date

ACCOMMODATION APPROVED:

ADA/504 coordinator or designee

Date