

Disability Support Services
Request for Accommodation¹

Date _____ College/Program _____

Student _____ Age _____ SSN/Student ID _____

Address _____ City _____ State _____ Zip _____

Phone _____ E-Mail Address _____

Type of disability:

Describe how your disability impacts you and your participation in MUSC's program and activities:

What accommodation(s) are you requesting?

Describe how you believe the requested accommodation(s) will help you be successful at MUSC:

¹Please see the University's Disability-Related Student Accommodation Policy and Procedure for instructions regarding submission of this form to the University 504/ADA Coordinator.

Please describe any past experience you have had with using the requested accommodation(s):

I am registering with Disability Support Services as a student with a disability as defined by the Americans with Disabilities Act and Section 504. Despite my disability, I know that I am responsible for following school rules and the MUSC Code of Student Conduct. I am also aware that I must still meet the minimum/technical standards as set forth by my program with or without accommodations. I am also aware that I need to meet with my instructor(s) to discuss my accommodation(s).

Student Signature

Date