

**MUSC**

**MEDICAL UNIVERSITY**

**OF SOUTH CAROLINA**

**Disability Support Services**

**Request for Accommodation\***

Date \_\_\_\_\_ College/Program \_\_\_\_\_

Student \_\_\_\_\_ Age \_\_\_\_\_ SSN/Student ID \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Type of disability:

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

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What accommodation(s) are you requesting?

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

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

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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