



CLAREMONT
MCKENNA
COLLEGE

Request for Disability Support Services

This form is to be completed by the student requesting services. It is important that you respond to all of the questions as best you can. If you have questions, please contact the Dean of Students Office at 909-621-8114. Specific information about the type of documentation necessary is available on the Dean of Students website at: www.cmc.edu/dos/physicallearningdiff.php. Submit your completed form and current documentation to: Julia Easley, Dean of Students Office, Claremont McKenna College, 850 Columbia Avenue, Claremont, CA 91711 or FAX: 909-621-8495.

Name: _____ Student ID: _____

Address: _____

Cell Phone: _____ Email: _____

Major: _____ Minor: _____

Status: Incoming Student Freshman Sophomore Junior Senior

What is the nature of the disability for which you are requesting services? Please check all that apply.

Learning Disability ADD/ADHD Psychiatric Disability
 Physical limitation Hearing Impairment Visual Impairment
 Other (please specify): _____

Duration of above condition(s): Permanent/Chronic Temporary Unknown

Requested Accommodation(s): Based on your disability, please indicate the accommodations you believe you will need in college in order to have equal access. (Please note, approval of any accommodations will be based on review of your supporting documentation of the disability.)

Describe the accommodations you have received in the past, including the nature of the accommodation(s), the names of the providing institutions, and the dates provided.

I understand that the Dean of Students Office must receive this completed form and appropriate professional documentation prior to consideration and provision of accommodations. Generally, it takes up to fifteen (15) business days for this process to be completed. Information submitted regarding my disability and accommodation request will not be placed in my education record.

I understand that the College may require me to undergo further testing for the purpose of establishing the existence and/or extent of my disability, illness, condition or disease and my need for reasonable accommodation(s).

I understand that by signing below, I am initiating a request to be established as a student with a disability in accordance with state and federal regulations and to have reasonable accommodations provided.

With my signature below, I give permission for Monsour Counseling & Psychological Services (MCAPS) staff to review the documentation I have provided to the CMC DOS office and to give feedback regarding appropriate accommodations to the CMC DOS staff.

Student Signature: _____ Date: _____