Section I: Instructions

Documentation needed before request can be processed and deemed complete includes:

☐ Completed Student with Disabilities Accommodation Request Form
  
  - Students must provide their reasonable recommendation for the accommodation. Please be as specific as possible.
  - It must be signed.

☐ Medical documentation supporting the request being made with a description of diagnosis from licensed practitioner on official letterhead.
  
  - Documentation can include recommendations of accommodation for student from the physician.
  - Original document in official letterhead signed and dated within the last 3 years.

Note: The Student must reapply for a reasonable accommodation for each semester in which an accommodation may be needed, and provide appropriate medical documentation to support the request.

Please read the ADA section of the student handbook for additional information. The student handbook can be found online at: http://www.cbshouston.edu/student-life

If you need any assistance in filling out the information, please contact the Dean of Students office.

Email- DoS@cbshouston.edu
Office Phone: 832-252-0757
Fax: 832-252-0857
STUDENT WITH DISABILITIES ACCOMMODATION REQUEST FORM

Section II: Student’s Information

Please complete the information below and submit to the Office of the Dean of Students in suite 113 or email it to: DoS@cbshouston.edu

Date of request: mm - dd - yyyy

Student Name: First Name ___________________________ Last Name ___________________________ ID #: ___________________________ Student ID Number ___________________________

Please fill out the information below as it appears in SonisWeb:

<table>
<thead>
<tr>
<th>Course #</th>
<th>Course Name</th>
<th>Credit</th>
<th>Instructor</th>
<th>Location</th>
<th>Days &amp; Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>MSMN1301</td>
<td>Bible Study Methods</td>
<td>3</td>
<td>P. Keith</td>
<td>202</td>
<td>Mon 7pm-10pm</td>
</tr>
</tbody>
</table>

Section III: Reasonable Accommodations Requested

Reasonable accommodations being requested (please be specific and use another sheet of paper if necessary):

I certify that I have completed all instructions in section I and I hereby certify that the statements and information in this request form are true and correct to the best of my knowledge and belief, and I authorize the College of Biblical Studies to make the necessary contact with my doctors if necessary to assist in the accommodations being requested.

SIGNATURE:

_________________________________________  _________________________
Student’s Signature                        Date

Page 2 of 3
Processed:

☐ Approved Signature
☐ Denied Signature

Brief description of the course of action taken: