

STUDENT REQUEST FOR ACCOMMODATIONS

First, Middle and Last Name (Please print)

NEIU Student ID Number

Program

Your Phone Number

Your Email Address

Your Local Street Address & Apartment Number

City, State, Zip Code

Gender

Demographic (i.e. Caucasian)

- 1) Please list the accommodations you are requesting at NEIU:

- 2) Have you ever used any of the above accommodations before? If so please list the accommodations used before, and the name of the institution where they were used. If you were approved for accommodations for the SAT or ACT please provide a copy of the letter informing you of those accommodations:

- 3) Do you use any assistive technology and/or software (Braille, JAWS, Kurzweil, NaturallySpeaking, etc)? If so please list them, and indicate if you plan to bring those systems with you to NEIU:

- 4) Please indicate if you plan to bring to NEIU: a Service Animal, a Seeing Eye Cane, a Personal Assistant, wheelchair, or any other form of assistance not listed here?

- 5) Is there any other information you feel we should know in regards to considering your access concerns?

Your Signature

Today's Date