

Rosedale Technical College

Student Accommodation Request Form

Student Information

Full Name:

Program:

Start Date:

Phone Number:

Email:

Preferred Contact Method: Phone Call Texting Email In-Person Meeting

Accommodation Request

1. Please describe the accommodations you are requesting:

(List specific adjustments, aids, or services you believe are needed for equal access. Example: extended time on exams, note-taking support, accessible seating, etc.)

2. Describe how your disability or condition impacts your academic experience:

(Provide details on the barriers you encounter in class, labs, or other activities.)

Supporting Documentation

Students must provide current documentation from a qualified professional (e.g., licensed physician, psychologist, or recognized authority) that includes:

- Diagnosis and functional limitations
- Recommended accommodations
- Credentials and contact information of the professional

Previous Accommodations

Have you previously received accommodations at Rosedale Technical College? Yes No

If yes, please specify:

Have you previously received accommodations at another institution?

Yes No

If yes, please describe:

By signing below, I acknowledge that:

- I am requesting academic accommodations due to a documented disability or qualifying condition.
- I understand that providing documentation is required before accommodations can be approved.
- I consent to the release of information to the **Rosedale Technical College Accommodations Committee** solely for the purpose of determining eligibility and coordinating accommodations.
- I understand that all disability-related information will be maintained confidentially in accordance with institutional policy and federal law.

Student Signature: _____

Date: _____

Completed forms and documentation should be submitted to:

Student Success Center

Rosedale Technical College

Email: studentservices@rosedaletech.edu

Committee Review (Office Use Only)

Date Request Received:

Documentation Received: Yes No Incomplete

Date of Interactive Meeting:

Committee Members Present:

Decision: Approved Denied Additional Info Required

Notes:

Accommodations Approved:

Notification Sent to Student:

Approval Letter Distributed to Faculty: Yes No

Committee Chair Signature: _____

Date: _____

Section 7: Follow-Up (If Applicable)

Date of Follow-Up/Review:

Outcome or Adjustments:

Notes: