

Reasonable Accommodations Questionnaire

To be completed by all applicants who request reasonable accommodations.

Note: the applicant is responsible for completeness and accuracy of the information provided. If you are requesting a reasonable accommodation, please complete this form and return it to the Disability Coordinator

APPLICANT

Male Female

Full Name _____ Student ID _____
First Middle Last

TYPE OF DISABILITY

Nature of Your Disability (check all that apply)

- Blind
- Visually impaired
- Hearing Impaired
- Other Physical Disability
- Psychological disability
- Specific learning disability
- Other

Please describe the nature and extent of your disability _____

How long have you had your disability? _____

Past Accommodations Granted Yes No

If Yes, please describe the accommodations you were given during your previous educational experiences _____

I certify that all the information on this form and that the attached hereto (if applicable) is true and correct to the best of my knowledge and belief. I understand that this information may be reviewed by a physician or licensed professional retained by Western Seminary to assist in determining reasonable accommodations.

Signature _____ Date _____

Please return this form to:
Western Seminary
ATTN: Accommodations
 5511 SE Hawthorne Blvd
 Portland, OR 97215-3367
 accommodations@westernseminary.edu