Request for Accommodation for Physical/Mental Disability

*This form must be submitted to the college **after admission but no later than the first day of class**. Contents of this form will only be shared with the Administrative Review Team for the purpose of determining approval for accommodation.*

Student Information Date:

Name of Person Requesting Accommodation:

Phone Number: (Email address:

Intended Program of Study:

Intended Start Date:

- Practical Nursing (PN)
- Professional Nursing (RN)
- RN to BSN Completion (BSN)

Request for Accommodation

A reasonable accommodation for physical or mental disability is a change in the academic course or program of study that enables a student to participate in the academic curriculum at the expected level of performance without undue hardship. To consider your request for accommodation, please provide the following information (You may attach additional sheets of paper as needed):

What specific physical needs do you have? Identify and describe the physical or mental disability, illness, or condition which is the basis for your reasonable accommodation request:

State what type(s) of accommodation you are requesting and how this will allow you to participate without creating undue hardship (include specific equipment you are willing to provide and utilize and/or equipment to be provided by BTC):

Is this disability: ☐ Permanent ☐ Newly diagnosed ☐ Short-term

Have you requested this accommodation previously? ☐ Yes ☐ No

Attached documentation of the diagnosed physical or mental disability? (Required) ☐ Yes ☐ No

Student Signature:

Form Reviewed 5/14/2024

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For Internal Use Only:

Date received:

Accommodation granted: ☐ Yes ☐ No

Accommodation Approval

What specific accommodation will be provided:

Dates/Duration of the Accommodation:

Accommodation Denial

Ultimate outcome and reason for denial. e.g. requested accommodation required significant expense or difficulty, including a significant interference with the essential functions of the course/program (specify):

Signature of college official:

**Return to student with a written plan for accommodation if approved.*

Form Reviewed 5/14/2024