



# NORTH CAROLINA AGRICULTURAL AND TECHNICAL STATE UNIVERSITY

## Accommodation Request Form

Office of Accessibility Resources

It is the student's responsibility after registering for classes each semester to submit this completed form to the Office of Accessibility Resources in order to have your Disability Verification Form provided.

Full Name: \_\_\_\_\_ Date Submitted: \_\_\_\_\_

Banner ID#: \_\_\_\_\_ Term (semester/year): \_\_\_\_\_

Major: \_\_\_\_\_ Classification: \_\_\_\_\_

Students will need to fill out the table below with their information

COURSE ACRONYM	COURSE ID	SECTION NUMBER	CLASS TIME/DAY	PROFESSOR (First and Last Name)	ONLINE OR ON-CAMPUS
Ex. MEEN	261	001	MWF 1-2 p.m.	Dr. Debbie Moore	On Campus

Any changes in your schedule should be reported immediately to the Office of Accessibility Resources.

Signature of Student: \_\_\_\_\_

Aggie Email: \_\_\_\_\_ Phone #: \_\_\_\_\_

**Please note:** In order to receive accommodations for the semester, you should submit this form in person or by email ([accessibilityresources@ncat.edu](mailto:accessibilityresources@ncat.edu)) as early as possible. Disability Verification Forms for the semester will not be sent to faculty without submitting this information. Thank you for being proactive.