



Application for a Reasonable Accommodation Plan

General Information

Date: _____

Date of Birth: _____ Student ID# _____

Last Name: _____ First Name: _____ Middle Initial: _____

Mailing Address: Street _____

City _____ State _____ Zip Code _____

Primary Phone: _____ Other Phone: _____

**Please put a star next to the phone number we should use first to contact you ☺*

Is it okay for us to leave a message with our information on your voicemail? Yes No

School e-mail: _____ Other e-mail: _____

** We will send all e-mails to your school address unless you put a star next to your other e-mail*

What program are you in/applying for? _____

My diagnosis/disability: 1) _____

2) _____

3) _____

4) _____

Assistive technology you use (ie. Wheelchair, FM transmitter, etc) or outside agency you work with (Voc Rehab, etc. _____

Check all that apply: ___ I am a current NCC student

I have: ___ Applied to NCC ___ Taken the Accuplacer test ___ Registered for classes.

Questions/Concerns: _____
