

Carteret Community College

3505 Arendell Street, Morehead City, NC 28557 **Disability Services**(252) 222-6237

Request for Accommodations

If you are a student who has a documented disability, submit this form along with documentation of your disability. In post-secondary education programs, it is the student's responsibility to advise the college of his/her disability and to request academic accommodations. The Disability Coordinator will notify you in writing of the accommodations for which you are eligible. If your request is denied, you have the right to an appeal. All accommodations follow the American Disabilities Act and Section 504 of the Rehabilitation Act of 1973. The Disability Coordinator is prepared to assist you in providing any special services or accommodations deemed necessary to assure a successful and rewarding time at Carteret Community College.

Date:	_	
First Name:	Last Name:	
Date of Birth:	Phone Number:	Student ID:
Please describe your disability a colleges attended:	nd what services/accommoda	ations you received in high school and/or other
Please describe how your disabil	ity may impact your academic	c success:
Please list your requested accomm	modations:	
accommodations. I understand th	at accommodations cannot be s been submitted. My signati	sabilities Coordinator for eligibility of e granted or approved until proper ure also indicates that I have received a copy form.
Student Signature:		Date:

An Equal Opportunity Educational Institution Serving the Community without regard to Race, Creed, Sex, National Origin or Disability.

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