Gwynedd-Mercy College

Disability Accommodation Request Form

Gwynedd-Mercy College Disability Support Services

To the Student: Please be as thorough and specific as possible in completing this sheet. The information you provide will help the Disability Support Services Committee make an appropriate decision.

Name _____ Date _____

Program of study/major _____ Class Yr. _____ Birth Date_____

Check all that apply:
Resident _____ Commuter _____ Graduate _____ CLL ____

Phone: _____ Cell: _____

Room Ext. (residents only): _____ Email: _____

Mailing Address:
Permanent _____ On-campus _____

_____ _____

_____ _____

I am requesting accommodations for (check all that apply):

_____ AD/HD ____ Learning Disability

_____ Psychological Disability ____ Physical Disability

1. Please provide a brief description of your diagnosis/disability:

_____

_____

_____

_____

2. Please list the accommodations you are requesting:

_____

_____

_____

_____

3. List any accommodations you have used before and say how each was helpful:

_____

_____

_____

_____

_____

4. If you are currently taking medication to help you with your disability please state below what medication you take, what dosage, how frequently it is taken, and how it helps you:

_____

_____

_____

_____

5. Please provide information about other support services or strategies you utilize that are helpful to you (tutoring services, support groups, etc.):

_____

_____

_____

_____

6. Please provide any additional information you feel the Committee should consider regarding your request:

_____

_____

_____

_____

Please return the completed form to: Daniel Jordan, Coordinator of Disability Support Services (2nd floor, The Griffin Complex), Gwynedd-Mercy College, 1325 Sumneytown Pike, P.O. Box 901, Gwynedd Valley, PA 19437-0901. Thank You.