



St. Norbert College Accommodation Request/Change Form

Student Name: _____

Student ID#: _____

Student E-mail: _____

Year at St. Norbert College: _____

(If incoming Freshman please state Freshman and which semester and year you will begin)

Is this your first time requesting accommodations at St. Norbert College? _____

Type of Accommodations being requested for need (please choose appropriate choice(s))

Academic Accommodations- as defined as any needed accommodation(s) needed within the classroom

Housing Accommodations- as defined as any needed accommodation(s) needed for daily living in residential unit

Dietary Accommodations- as defined as any needed accommodation(s) needed for dining services

If you chose Housing accommodations and/or Dietary Accommodations there is an additional medical verification form that you will need filled out by your licensed professional that also is providing your documentation.

If you have questions please contact our disabilities coordinator at: