

ACCOMMODATIONS REQUEST FORM

Alexander College believes strongly in the principles of natural justice and student self-advocacy

The purpose of this form is for students to request accommodations from the College. Administration will review the information provided and determine an acceptable plan to help students with a diverse range of exceptional needs in their studies.

Student Name	Student ID
Full Address	E-mail

Instructions:

- ☒ Briefly identify the reason you are submitting your accommodation request. Please use another sheet of paper and attach it to this form if more writing space is needed.
- ☒ Attach supporting evidence, if available, in preparation for meeting and review.
- ☒ Submit this form and supporting evidence to the Office of Student Rights and Responsibilities by email srr@alexandercollege.ca.

Why are you applying for accommodations?

How do you feel the college can assist you in being successful in your studies / exams?

Please indicate the classes you are currently enrolled in, your instructor, and the dates, times and lengths of your scheduled exams throughout the term (final exams only if the time has been posted).

Course name	Course Delivery Method (virtual or in-person)	Instructor name

I affirm that the information provided above is accurate and representative of any accommodations necessary for my situation.

Student Signature _____ **Date:** _____