

Phone (843) 863-7159 • Strom Thurmond Building, Student Success Center • Fax (843) 863-8030 • awatson@csuniv.edu**CSU ACCOMMODATION REQUEST FORM**
To be completed by studentNAME: CSU ID#

Charleston Mailing Address

Permanent Mailing Address

Home Phone

Cell Phone

CSU Email address:

Class Status: _____ Freshman _____ Sophomore _____ Junior _____ Senior

Status (check all that apply) _____ New Student _____ Returning Student _____ Academic Probation

_____ Provisional _____ Non-Degree _____ Transfer _____ Bridge Program _____ Re-admitted Student

Major(s) Minor(s) Employed Hours Worked Per Week

I am applying for services (check all that apply)

_____ Based on a learning disability _____ Based on attention deficit _____ Based on a physical disability

_____ Based on a psychological disability _____ Based on a medical disability

 Other (please indicate)

What strategies or techniques have you used in the classroom or studying that have been successful?

What techniques do instructors use in the classroom that have been especially helpful to you?

Have you been granted accommodations in the past? _____ Yes _____ No

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If yes, list them here:

What accommodations or academic adjustments are you requesting?

Note—Applications are reviewed to ensure that the claimed disability meets the definition set by the Americans with Disability Act.

(Student Signature)

(Date)

This Form and Required Professional Documentation used as justification for requested accommodations must be returned to:

Office of Disability Services
Charleston Southern University
Office Location: Strom Thurmond Building, Student Success Center
Mailing Address: 9200 University Boulevard
Charleston, SC 29423
Phone: 843.863.7159

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