

MASSACHUSETTS SCHOOL OF PROFESSIONAL PSYCHOLOGY
DISABILITY ACCOMMODATION REQUEST FORM

Please complete the following initial request form and forward to the Dean of Students Office with the appropriate professional documentation and specific recommendations for accommodations (see details on the Disabilities Accommodations web site). If you have any questions or have not yet had an evaluation, contact the Dean of Students Office for assistance. As much advanced notice in determining eligibility and planning accommodations facilitates the process (minimum deadline is two weeks before the semester in which accommodations are requested).

Name: _____

Address: _____

Phone: _____

E-mail: _____

Program: _____

Year entering MSPP: _____

Semester of accommodation request: _____ Year: _____

Please indicate the nature of the disability and accommodations requested:

Signature of Student

Date