

REQUEST FOR ACCOMMODATIONS FOR A DIAGNOSED DISABILITY OR SPECIAL NEED



MARIANOPOLIS
COLLEGE

This form is confidential and should be completed by the student with a diagnosed disability and submitted with the appropriate documentation to the address below. The student will then be contacted to schedule a meeting with the Adapted Services Counselor.

Student Name: _____ Student ID Number: _____

Phone (Student): _____ Email (Student): _____

Phone (Parent): _____ Email (Parent): _____

Diagnosed disability as stated in the assessment:

- Physical _____
- Mental Health _____
- Learning _____
- Other _____

Accommodations requested:

Please note that the documentation will be assessed by our Adapted Services Counsellor. The College may request updates or further details concerning the documentation.

If you do not have the required documentation, please explain why and indicate when it will be available:

Student Signature or Name: _____ Date: _____

Please submit this completed form and accompanying documentation as soon as possible.

By mail: AccessAbility Technician Marianopolis College, Room A-260 4873 Westmount Avenue Westmount, QC H3Y 1X9	By email: Scan and upload documents accommodations@marianopolis.edu	In person: Leave the documents in a sealed envelope at the reception desk located inside the main doors of the College.
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