Mountwest
Community & Technical College

STUDENT DISABILITY SERVICES REQUEST FOR ACADEMIC ADJUSTMENTS AND AUXILIARY AIDS

Date of Request _____ Semester _____

Student Name _____

ID # 942- _____ DOB _____

Email Address _____

Phone (Home) _____ Phone (Cell) _____

Describe your disability _____

_____

_____

_____

What academic adjustments and/or auxiliary aids are you requesting?

_____

_____

_____

Do you have/can you provide documentation of your disabling condition? _____

_____

_____

_____

If you have questions, please contact:

Jill Kelley - kelleyj@mctc.edu | phone: 304-710-3368 or
Debbie Spencer - spencerd@mctc.edu | phone: 304-710-3369