



**Reasonable Accommodation
Request Form**

If you choose to disclose any disability-related needs, please complete this form completely and return it at the pre-departure orientation meeting.

If you choose not to disclose, WCCCSA may not be able to assist you in arranging disability-related accommodations after your arrival.

WCCCSA is committed to providing services to students with disabilities who are eligible for accommodations under Section 504 of the Rehabilitation Act or the American with Disabilities Act. If you are receiving disability-related accommodation(s) at your college, WCCCSA will strive to arrange disability related accommodation(s) for you at your study abroad site in conjunction with your college and the service provider contracted for WCCCSA for this program.

Today's Date: _____

Student Name: _____

Student's Email: _____ Student's Phone: (_____) _____

Program Destination: _____ Quarter: _____

Home College: _____

1. Do you anticipate requiring disability-related accommodation(s) at the program site? Yes No

1a. If **YES**, please attach any available documentation from your home school describing the arrangements they provide for you (e.g a letter from Disability Services) and/or outline the accommodations you are requesting. (Some students may not need accommodations on campus but will while abroad)

2. Are you currently receiving, or have you recently received, medical or psychological care of which you think we should be aware of in case of an emergency? (e.g severe allergies, chronic health, psychiatric condition?) Yes No

2a. If **YES**, please attach any available documentation from your home school describing the arrangements they provide for you (e.g a letter from Disability Services) and/or outline the accommodations you are requesting.

3. Are you attaching or providing any other additional information that you can share with us to help us prepare to accommodate your special requirement(s). Yes No