

PHILLIPS SEMINARY

PETITION FOR DISABILITY SUPPORT SERVICES

Name _____ Date _____

Degree Program _____ Academic Term _____

Description/explanation of condition: _____

I have attached supporting documentation from a professional health care provider to support this request and certify that it is not more than three years old.

I have requested supporting documentation and it is forthcoming.

Please provide an itemized list of the accommodations you wish to request. Include a statement explaining how and why said accommodation will increase your academic performance. **(NOTE: Accommodations cannot reduce the attendance or academic standards set forth by the seminary, nor can they fundamentally alter the nature of any course or program of study.)**

1)

2)

3)

I understand that the information contained on this form will be held in confidence and only shared with others on a “need to know” basis. I expect it to be utilized for the sole purpose of assisting me in achieving academic success. Further, I understand that I will in no way be discriminated against for the disclosure of this information.

Student’s Signature

Date

INSTRUCTIONS: Please submit this petition to the seminary’s Dean of Students at least 4 weeks prior to the beginning of an academic term, or as soon as possible. The Dean of Students will review the petition and respond within 5 business days.

Last Edited 8/14/2019