



**CHESTNUT HILL COLLEGE  
DISABILITY RESOURCE CENTER  
STUDENT ACCOMMODATION RENEWAL FORM**

Note: In order to receive accommodations, supports or services for the current semester, this form must be returned to Kristin Tracy, Director of the Disability Resource Center, 240 St. Joseph's Hall no later than the first day of the new semester. It is in your best interest to return this form as soon as possible as it may take several weeks to authorize accommodations for this semester.

**Please complete the following:**

Name: \_\_\_\_\_ Student ID#: \_\_\_\_\_

Semester Accommodation(s) Requested: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Local/Campus Address: \_\_\_\_\_ Birth Date: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Local Phone: \_\_\_\_\_

Permanent Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

City State, Zip: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Class: Freshman \_\_\_ Sophomore \_\_\_ Junior \_\_\_ Senior \_\_\_ Accelerated Program \_\_\_ Graduate \_\_\_

Full-time \_\_\_ Part-time \_\_\_

Major: \_\_\_\_\_ Minor: \_\_\_\_\_

Academic Advisor: \_\_\_\_\_

What accommodations, supports or services do you want to extend into the next semester? Please be specific.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please indicate any new requests and reasons for your requests (additional documentation of need may be required):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PLEASE SEE OTHER SIDE**

Please list only the courses that you will be taking in the above semester for **which you are requesting accommodations**. Also, please include the full name of the professor:

Professor: \_\_\_\_\_ Class Title: \_\_\_\_\_ Class Number: \_\_\_\_\_

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Professor: \_\_\_\_\_ Class Title: \_\_\_\_\_ Class Number: \_\_\_\_\_

Professor: \_\_\_\_\_ Class Title: \_\_\_\_\_ Class Number: \_\_\_\_\_

Your Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Date Received in the Disability Resource Center: \_\_\_\_\_