

Blackhawk Technical College
Accommodation Request Form for Students with Disabilities

Requests for accommodations are based on mutual planning among Special Services staff, Student Services staff, and Program Instructors and/or Division Deans/Associate Deans.

Prospective Student Requester _____ Student Requester _____

Date: _____

Name: _____

Address: _____

Need for accommodation: _____

Documentation of disability: (Please attach)

Requester's suggested accommodation: _____

Suggested accommodation by DVR, other agency or individual: _____

BTC's accommodation plan: _____

Request received by: _____ **Date:** _____

See reverse side for signature lines.

PLEASE SIGN AND DATE ONE STATEMENT ONLY.

I concur with the proposed accommodation:

Date: _____
_____ **Student Signature**

I wish to appeal the committee's proposal:

Date: _____
_____ **Student Signature**



Accommodation Approved:

_____ **Date:** _____

Special Services

_____ **Date:** _____

Student Services

_____ **Date:** _____

Instructor

_____ **Date:** _____

Dean/Associate Dean

Return to:
Christine Flottum
Blackhawk Technical College
6004 South County Road G
PO Box 5009
Janesville, WI 53547-5009