*Request for Academic Accommodations* Form

Mercer County Community College

Center for Accessibility Resources (CAR)

**THE STUDENT WHO IS REQUESTING ACADEMIC ACCOMMODATIONS MUST COMPLETE THIS FORM.**

If you require academic accommodations due to a documented disability, please complete this form. All requests must be supported by appropriate documentation. You can print this form, handwrite your answers, and email us the completed sheet or you may type your answers using your computer and email it back to us as an attachment. The email address is [CAR@mccc.edu](mailto:CAR@mccc.edu).

**Write or type your full name and month and day of birth**:

**Write or type your telephone number**:

**Student signature or typed full name:**

**Write or type today’s date:**

**Read and initial both statements below:**

|  |  |
| --- | --- |
| Student’s initials indicate that CAR has permission to respond to questions about academic accommodation with the Academic Testing Center.  **Write or type your initials:** | Student’s initials indicate that CAR has permission to respond to questions about academic accommodation with course instructors.  **Write or type your initials:** |

*The Americans with Disabilities Act of 1990 including changes made by the ADA Amendment Act of 2008 and Section 504 of the Rehabilitation Act of 1973 prohibits colleges and universities from making inquiries regarding a disability prior to admission. Information regarding a disability, voluntarily given or inadvertently received by Admissions will not affect a student’s admission to Mercer County Community College. Acceptance into a specific College program, however, is contingent upon the student meeting the technical and academic standards of the program.*

*(Updated Spring 2024)*