



Application for Reasonable Accommodations for Online Courses/Programs

THIS APPLICATION MUST BE COMPLETED BY THE STUDENT REQUESTING SERVICES. ANY INDIVIDUAL WHO ASSISTS THE STUDENT MUST ALSO SIGN THE APPLICATION.

Today's date _____

Student Name _____

Preferred Name _____ Preferred Pronouns _____

PRN/Student ID _____ (N/A if prospective student)

Permanent address (street, city, state, zip code):

Phone _____ Email _____

UNE Online Program:

Applied Nutrition Education Health Informatics Health

Social Work {ÖŠyŒŠ tNŠNŠljdzlăŭŠă ř2N I ŠI-túK tN2†Šăă12y1-fă (SPHP)*

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