

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	s date					
Studen	t Name					
Preferred Name			Preferred Pronouns_			
PRN/St	udent ID		I/A if prospective student)			
Permar	nent address (street, cit	ty, state, zip cod	e):			
Phone_			Email			
UNE O	nline Program:					
	Applied Nutrition	Education	Health Informatics	'n H	lealth	
	Social Work	o 'n	= .h	(SP	HP)*	
7 .	oh=					

Page 1 of 2 8/2018

What is your primary				
What (if any) is your secondary				
h ' ' ' ' ' ' '				activities"
h ' ' ' ' '				
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Student signature				
Date				
This application and any supporting pertinent laws regarding post-	documentation	n, which will rema	in confidenti	al under the scope of
Student Access Center University of New England 716 Stevens Avenue Portland, ME 04103 Phone: 207-221-4302 7 -523-1919 Email:				
)	' 'une.edu	ı/student-access-	_	

Page 2 of 2 8/2018