



OAKLAND CITY
UNIVERSITY

Request for Accommodation

Student Contact Information

Student's Full Name: _____

Student's Phone Number: _____

OCU email address: _____@myocu.oak.edu

Which semester/payment period are you requesting accommodations start? _____

Please indicate your type of attendance:

Main Campus ___ APS ___ Online ___

1. Please describe your accommodation needs:

2. Please describe your qualifying conditions:

3. Please describe how your condition impacts your educational experience or use of educational facilities, housing, or resources:

4. Please describe the accommodations you are requesting:

5. Please describe the accommodations and services that you have used in the past:

6. If you are requesting housing accommodations, have you applied for on-campus housing? Yes ___ No

7. If yes, describe your housing accommodation request:

8. Do you use a service animal? Yes ___ No ___

9. Do you have an emotional support animal? Yes ___ No ___

10. Is there anything else you believe OCU should know about you or your condition?

You may attach any additional supporting information and documentation. Please complete and submit this form by mail or in person to OCU's Disabilities Coordinator.