



# Oakland City University Accommodation Request

## Student Contact Information

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

## Disability Information:

What is your disability or disabilities?

How does your disability impact you as a student?

## Potential Accommodations:

What accommodations are you requesting?

What accommodations/services have you used in the past?

If you are requesting housing accommodations, have you applied for on-campus housing? Yes \_\_\_ No \_\_\_

If yes, describe your housing accommodation request:

**Feel free to attach any additional information.**

Submit form by mail or in person to the Office for Student Life or OCU 504 Coordinator