



**WEST COAST ULTRASOUND INSTITUTE**

**REQUEST FOR REASONABLE ACCOMMODATION**

Name: \_\_\_\_\_

***Student/Applicant** - Once you have completed this section, please give this document to the ADA Compliance Coordinator. Please see the Disability Accommodation & Grievance Policy located in the Catalog for more information.*

Identify your condition(s) and indicate how you believe each condition affects your ability to perform the requirements of the course:

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State the accommodation you are requesting:

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List all possible alternative accommodations:

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\_\_\_\_\_  
Student/Applicant Signature

\_\_\_\_\_  
Date

**CONFIDENTIAL – Place in Student’s Disability File and Deliver to ADA Compliance Coordinator**



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***School*** - State whether the requested accommodation(s) was approved or denied. If approved, state the accommodation(s) that will be implemented and expected dates: (Attach all documentation used in making this decision.)

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ADA Compliance Coordinator Signature

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Date