



Student Resources & Disability Services

Application and Request for Academic Accommodations and Services

Name:

Date:

Student ID #:

Date of Birth:

CMN Student Email:

Other Email:

Major:

Are you an enrolled Tribal member? If yes, please indicate what Tribe:

Disability and Current Impact

In addition to reviewing your documentation, your answers to the following questions will assist us in understand the current impact of your disability

What is your disability?

Describe how your disability is currently impacting you and your concerns as a new/ returning student:

Describe how your disability is currently impacting you socially / personally:

