



## Special Accommodation Request

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_

Please detail disability (attach written documentation from your physician): \_\_\_\_\_

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What special accommodations are you requesting? \_\_\_\_\_

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Thank you for applying to Southwest College of Naturopathic Medicine & Health Sciences.

After thorough evaluation of your application materials and the abilities required for admission (observation, communication, motor, intellectual-conceptual, behavioral and social), the above request for accommodations will be reviewed.

Every effort will be made to accommodate your specific request(s), in adherence to the Americans with Disabilities Act (ADA) and Section 504 of the Rehabilitation Act of 1973.

**Please return this form and any additional documentation to:**

*Dean of Students  
Southwest College of Naturopathic Medicine  
2140 E. Broadway Road  
Tempe, Arizona 85282*