

Request for Accommodation

All new students are required to complete and sign this form.

The Accessibility Services office will keep this information in a confidential file during your enrollment at Maine Maritime Academy.

NAME: _____

HOME ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE: (____) _____

Do you wish to request an accommodation for a physical or mental condition?

____ YES ____ NO

✓ If “no,” please ignore the rest of this form and return it to Accessibility Services.

✓ If “yes,” please 1) indicate below the general nature of the condition; and 2) if you have not already done so, submit documentation of your condition. If you have questions, or wish to bring documentation in person, please contact: Joceline Boucher, Accessibility Services Director, 207-326-2489, joceline.boucher@mma.edu

Condition	Check if Applicable	Diagnosed As (if known)
Learning Disability	()	
Hearing Impairment	()	
Visual Impairment <small>(not corrected by glasses)</small>	()	
Mobility Impairment	()	
Other (please describe):	()	

You will learn about the accommodation process when you meet with the Accessibility Services director. For more information, visit accessibility.mma.edu .

Student Signature

Date

Please return to:

Accessibility Services
Maine Maritime Academy
1 Pleasant Street
Castine, ME 04420