JOHNS HOPKINS
SCHOOL of EDUCATION

Student Disability Services
6740 Alexander Bell Drive, Suite 140
Columbia, MD 21046
410-516-9734
soe.disabilityservices@jhu.edu

REQUEST FOR ACCOMMODATIONS

Student _____ **Academic Advisor** _____

Address: _____
Street/PO Box City State Zip Code

Home Phone _____ **Work Phone** _____

Cell Phone _____ **Email**_____

What is the best way to reach you? _____

Degree or Non-Credit Program _____

I plan to take the following course(s) during the _____**semester of** _____**(year)**

Course Title and Number	**Instructor Name and Email**
_____	_____
_____	_____
_____	_____
_____	_____

Please list accommodations you are requesting OR accommodations that you would like to be continued: _____

_____

_____

_____

_____

Check the following box if you need an Emergency Evacuation Plan: ☐**Yes** ☐**No**

Student Signature (electronic signature is acceptable)_____ **Date:** _____

Please return this completed form and supporting documentation 3-4 weeks prior to the first class meeting to: Jennifer Eddinger, Disability and Career Services Counselor, Jeddinger@jhu.edu