

REQUEST FOR ACADEMIC ACCOMMODATION

Palmer Theological Seminary

6 E. Lancaster Avenue, Wynnewood, PA 19096

Please complete the following and submit to the Registrar's Office. Your request will be reviewed, and upon approval you will set up an appointment to discuss appropriate accommodations.

Name: _____ **ID#** _____

Address or Seminary Box #: _____

Academic Adjustments Requested:

Documentation of Disability:

(Attach pertinent forms)

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Approved: _____

Modified: _____

Rejected: _____

Explanation: