

Accommodations, Advocacy and Accessibility

Office of Disability Services for Students

REQUEST FOR FULL-TIME STATUS

Students requesting a full-time status with a reduced course load due to a disability must provide appropriate documentation to the Office Disability Services for Students (DSS). The request is granted based on the documentation provided. **Each semester students must sign this form requesting full-time status as an academic accommodation.**

Please complete the form and submit it to the DSS Office for approval along with a copy of your detailed class schedule.

Student's Name: _____

Student's CCRI ID #: _____

Student's Home Address: _____

Phone number(s): H _____ C _____

Health Insurance Provider Name & Address:

(The Office of Enrollment Services will mail a full-time status verification letter to this address.):

Name of Policy Holder: _____

Subscriber Number: _____

I am requesting full-time status with a reduced course load of _____ credits.

I understand that by signing this form I am authorizing the DSS Office and the Office of Enrollment Services to release educational information regarding my course load at CCRI.

Student Signature: _____ **Date:** _____

Approved By: _____ **Campus:** _____ **Date:** _____

FOR OFFICE USE ONLY:

1. Date Received: _____

2. Date Forwarded: _____