

**Montgomery College  
Continuing Education**

**Disability Support Services Application and Request for Accommodations  
Please request at least six (6) weeks before the class begins  
to allow enough time to make arrangements.**

*Late request may cause a delay in services – possibly until the course is given again.*

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Student ID #: M2 \_\_\_\_\_ Email: \_\_\_\_\_  
Telephone: (day) \_\_\_\_\_ (evening) \_\_\_\_\_  
Disability: \_\_\_\_\_  
Referred By: \_\_\_\_\_  
Course Title: \_\_\_\_\_ CRN: \_\_\_\_\_  
Program: \_\_\_\_\_ Instructor's name: \_\_\_\_\_  
Begin date: \_\_\_\_\_ End Date: \_\_\_\_\_

If you request accommodation for this course, you will be required to submit documentation to Disability Support Service Documentation is confidential and maintained at the DSS Office. Please check the accommodations you may need for this course.

**Please note that academic accommodations are built into both the Challenge and Graduate Transition Programs. Please contact the Program Director, Karla Nabors at 240-567-1660 if you have any questions.**

Notetaker                       Test in a quiet place                       Alternative print format  
 Scribe                               Extended time on tests                       Enlarge print  
 Reader                               Assistive listening device                       Assistive computer equipment  
 Tape recorder                       Sign interpreter/ transliterator/ captionist                       Table and chair  
**(To request an interpreter, call DSS: 240-567-5058 Voice or  
Email: Julie.rogers@montgomerycollege.edu)**

**I WILL NEED ASSISTANCE IN EMERGENCY EVACUATION SITUATIONS  YES  NO  
IF YOU NEED ASSISTANCE, THIS INFORMATION WILL BE SHARED WITH CAMPUS SECURITY.**

**I UNDERSTAND THAT ARRANGING SERVICE WILL NECESSITATE SHARING WITH MY INSTRUCTORS INFORMATION REGARDING MY DISABILITY AS IT RELATES TO MY ACADEMIC WELFARE. I GIVE MY PERMISSION FOR DSS PERSONNEL TO CONTACT THE PROGRAM DIRECTORS/ INSTRUCTORS REGARDING MY ACADEMIC PROGRESS, AS NEEDED.**

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

The information above will remain confidential and Disability Support Services will maintain this document.

Please return this form to:  
Sherralyn Bassey  
Montgomery College  
Continuing Education  
20200 Observation Drive  
Germantown, Maryland 20876  
Voice: 240-567-1819 Fax: 240-567-7871

For Office Use Only: Program Director \_\_\_\_\_