



Reasonable Accommodation Request Form (For Non-Employees and Non-Applicants ONLY)

CONFIDENTIAL

Request# _____

Applicant Name	Business Name/Nature of Campus Visit	
Daytime Phone Number	Request Date	Address

Please check one: Vendor Contractor General Public

Describe the reasonable accommodation being requested and the purpose for the request:

Was medical documentation provided? Yes___ No___

If yes, indicate by whom, and identify who reviewed the documentation.

Describe steps taken to evaluate effectiveness and feasibility of the requested accommodation:

Accommodation request is:

Approved ___ Denied___ Modified___

If APPROVED, indicate the type of accommodation that will be provided. If MODIFIED, describe modification and provide reason.

IF REQUEST WAS DENIED, check reasons for denying the accommodation request. You may check more than one reason.

- The individual did not provide documentation of a disability that substantially limits a major life function.
- The request accommodation is ineffective (will not enable an individual to perform the essential functions of the position).
- The individual's disability/limitations do not prevent him/her from performing the essential functions of the position.
- The accommodation/modification request will:
 - create an undue administrative burden on the University
 - create an undue impact on the operations of the University
 - fundamentally alter the nature or operation of the facility
 - require lowering of current performance standard(s)
- An effective accommodation, that would not pose an undue hardship was offered but rejected by the individual.

Name of decision maker:

Print Name

Signature

Date

Equity Compliance Officer/ADA Coordinator:

Case#: _____

Print Name

Signature

Date

Please forward to:

Alanna Dennis, Esq.
Equity Compliance Officer
Charlotte Robinson Hall
14000 Jericho Park Road
Bowie, MD 20715
301-860-3442 (p)
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