

SIT Study Abroad

a program of World Learning



Disability Services Request for Accommodations

Name _____

Program _____

Address _____

Phone _____

Date of birth _____

Start date of program _____

Email _____

Home college / university _____

Type of disability _____

Date of original diagnosis _____

Date of most recent evaluation _____

Documentation: Included Already submitted Will submit
(please check one)

Specific accommodations requested:

Student signature

Date

Please return this form to: SIT Disability Services
Attn: Julia Karpicz, DS Coordinator
SIT Study Abroad
One Kipling Rd.
Brattleboro, VT 05301

Phone 802-258-3390
Fax 802-258-3252
disabilityservices@sit.edu