

Educational Accommodations recommended AND rationale for each:

___ Tutor Rationale:

___ Note taker Rationale:

___ Text on CD Rationale:

___ Test Reader Rationale:

___ Test Writer Rationale:

___ Other Service Rationale:

___ Other Course Rationale:

Other comments:

Accommodations must be approved by the MCC Special Populations Counselor and will be provided only when a clear and convincing rationale is made for the necessity of the requested accommodations.

Original signature of medical professional _____

Date signed _____

Printed/typed name of medical professional _____

Medical professional area of specialization _____

State of licensure _____

Medical professional's mailing address _____

Medical professional's phone number _____

Please return the completed form by mail, fax, or email to the following:

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