Coastal Bend College
Accommodations Request Process-Returning Students

1. Fill out and submit the Accommodations Request Form for returning students available online or at your nearest CBC location along with your class schedule.

2. Provide any updated documentation of your disability.

3. If there will be any changes in your accommodations, please contact the Disability Services Office to discuss them.

4. Pick up letters of Accommodation and deliver them to your instructors.

5. If you are taking online classes, the Disability Services Office will email letters to you and your instructors.

If you have any questions or concerns, please contact the special needs coordinator.

(361) 354-2838, ext. 2728-Beeville Campus  Miguel Aguilar- Special Needs Coordinator
(361) 664-2981, ext. 3025-Alice Site  Cynthia Alvarado- Student Development Specialist
(361) 592-1615, ext. 4077-Kingsville Site  Brittney Kroll- Student Development Specialist
(830) 569-4222, ext. 1203-Pleasanton Site  Amanda Barrera- Student Development Specialist

Student’s signature: ___________________________  Date: ___________________________

Coastal Bend College does not discriminate on the basis of race, color religion, gender, national origin, age or disability in the recruitment and admission of students; the availability of grants and scholarships. No qualified disabled person shall, on the basis of being disabled, be subjected to discrimination in education, training, or employment. Inquiries or complaints concerning these matters should be brought to the attention of: Dean of Student Services.
Accommodations Request Form

Semester Attending: _____________________________________  Today’s Date: ___________
(fall, spring, summer) (Year)

Student Information (please print clearly)

Name:__________________________________________________________________________
(First) (Middle) (Last)

CBC Student ID:___________________________________   Cellphone: ____________________

Email Address:_______________________________________________________________

Address:___________________________________________________________
City              State              Zip

Major_____________________________________________________

School Information

CBC Location (Check one):

☐ Alice Site       ☐ Kingsville Site

☐ Beeville (Main Campus) ☐ Pleasanton Site

Please state any changes in your disability.

___________________________________________________________________________________

Please check where applicable:

1. ______ I would like to KEEP my current accommodations.
2. ______ I would like to CHANGE my accommodations that I am receiving.

(I must contact the Disability Services Office to make any changes needed to my current accommodations.)

What accommodations worked?

___________________________________________________________________________________

What accommodations did not work? (Please provide reason why)

___________________________________________________________________________________

Disability Services will determine reasonable accommodations as appropriate under the American Disabilities Act of 1990 and Section 504, Rehabilitation Act of 1973.

Student’s Signature: ___________________________________________ Date: __________________

Disability Services: ___________________________________________ Date Received: __________

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