



Accommodation Request Form - B
(For Workshop/Program Participants)
Form EEO-011

To the Program/Workshop Participant:

To initiate this request, please complete this form and Form EE0-012, Documentation of Disability Form - B (For Workshop/Program Participants). Forward this form to the sponsor of the program/workshop that you will be attending. Have your physician or medical provider send Form EEO-012 directly to Dr. Cheryl Branker, Associate Vice Provost and Director of Disability Compliance Programs, 1900 Student Health Center, NCSU, Raleigh, NC 27695-7509. Questions may be directed to Dr. Branker at 919-513-3768.

Program/Workshop Participant Information:

Name: _____ Phone/TTY: _____

Address: _____ Fax: _____

City: _____

State & Zip: _____

Email address: _____

Accommodation Request Information: *(Please attach additional sheets as necessary.)*

1. Describe the recommended accommodations that you will need to participate in this program/workshop.

2. Please list any other information that may be necessary for the program/workshop sponsors to know.

Please note: *This request must be received by the date specified by the program/workshop sponsors to receive accommodations.*

Signature: _____

Date: _____