

People's College of Law

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"Over 49 Years of Educating People's Lawyers"

SPECIAL ACCOMODATIONS REQUEST

SUBMIT THIS FORM TO THE ADMINISTRATOR NO LATER THAN 45 DAYS PRIOR TO THE FIRST DAY OF THE EXAMINATION

NOTE: TESTING ACCOMODATIONS GRANTED AT PEOPLES COLLEGE OF LAW MAY NOT BE THE SAME AS THOSE ALLOWED BY THE COMMITTEE OF BAR EXAMINERS OF THE STATE OF CALIFORNIA. FOR FURTHER INFORMATION ON THEIR POLICIES, PLEASE CONTACT THE CBE.

Student	's Name:	
Address	s:	
Home Telephone: _		Alternate Telephone:
1.		Are you (check all that apply): [] Physically Disabled [] Learning Disabled [] Psychologically Disabled [] Other Disability When did your disability start?
		describe:
2.		tibe the specific nature of your disability and how it affects you as a PCL student, in your studies, ome other way
3.	Please descri	be any academic and/or exam accommodations you have received in a post-secondary institution or in
4.	Describe the	special accommodations you are requesting and state why they are reasonable and necessary:
5.		ever current or recent documentation from a physician, psychologist, or other appropriate professional ur disability you have. (Required)
I certify	the above info	ormation is true and correct.
		Date:
Signatu	re of Student	