Bladen Community College
Student Centered • Future Focused

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DISABILITY SERVICES RENEWAL

Disability Services Coordinator: Hayley Baxley

Complete this renewal application to request disability-related accommodations at Bladen Community College. Provide information relevant to your request. Disability Services may request additional documentation when necessary to determine reasonable accommodations.

STUDENT INFORMATION

Student Name: _____ BCC ID: _____

Date of Renewal: _____ Email: _____

Phone Number: _____ Program/Degree: _____

CURRENT DISABILITY SERVICES STATUS

Have there been any changes to your disability/condition, functional limitations, or access needs since your last Disability Services application and review?

☐ No changes ☐ Yes: Please describe below ☐ Unsure: I would like to discuss

_____

_____

_____

PREVIOUSLY APPROVED ACCOMMODATIONS

Please check the accommodations you previously had based on your last Accommodation Notification.

☐ Extended time for tests/quizzes ☐ Reduced-distraction testing ☐ Testing Breaks

☐ Accessible materials ☐ Note-taking support ☐ Assistive technology

☐ Noise cancelling headphones ☐ Priority Seating

☐ Other:

_____

_____

ACCOMMODATION CHANGES REQUESTED

Check one of the following.

☐ Same accommodations with no changes.

☐ Requesting changes

☐ Need assistance determining whether current accommodations remain appropriate

If you checked "requesting changes", please explain the new accommodations you are requesting below:

_____

_____

_____

STUDENT ACKNOWLEDGMENT & RESPONSIBILITIES

I understand that Disability Services determines reasonable accommodations through an individualized, interactive process based on information provided by the student, supporting documentation when appropriate, College policies, and applicable law. I understand and accept the responsibilities below:

_____ Accommodations provide equal access and do not guarantee academic success or alter essential academic or program requirements.

_____ I am responsible for communicating with Disability Services about my accommodation needs and changes in those needs.

_____ Achieving required standards in my program of study and in the classes I take with or without accommodations.

_____ I am responsible for meeting academic, attendance, and conduct requirements, subject to approved accommodations.

_____ Meeting with Disability Services early every semester prior to classes starting to arrange accommodations.

Student Signature: _____ Date: _____

Legal Guardian (if applicable): _____ Date: _____

FOR DISABILITY SERVICES OFFICE USE ONLY

Date Received: _____	Initial Meeting: _____	Coordinator: _____
☐ Complete	☐ Additional documentation requested Date: _____	☐ Pending Reason: _____
☐ Approved	☐ Pending	☐ More information needed
Notification Date: _____	Faculty/Staff Notified: _____	Follow-Up Date: _____
Coordinator Notes: _____ _____ _____		