

APPENDIX D

**SOUTH GEORGIA COLLEGE
APPLICATION FOR ACCOMMODATIONS
FOR PHYSICAL DISABILITIES**

CLIENT'S NAME _____

CLIENT'S SIGNATURE _____

Please provide the following information: (Provide additional pages or attachments as needed)

DIAGNOSIS of condition:

Current Status : (Strengths and weaknesses)

Suggested Academic and/or Physical Accommodations:

For each accommodation requested, explain why the physical diagnosis requires this accommodation:

Physician's Signature

Date

Please return completed form to:

Douglas Campus:

Student Affairs
South Georgia College
100 West College Park Drive
Douglas, GA 31533-5098

Valdosta Campus:

Director
SGC Entry Program
1500 Patterson Street
Valdosta, GA 31698

Georgia Southwestern Campus:

Coordinator
SGC Entry Program
800 GSW State University Drive
Americus, GA 31709