

STUDENTS WITH DISABILITY OR MEDICAL PROBLEMS ANALYSIS FORM

This part to be filled by student and academic advisor:

Advisor Name -----

Student Name ----- Student ID# -----

Department ----- Level -----

Academic year ----- Semester -----

GPA ----- Date -----

Please Specify the type Disability or Medical problems you have:

Please indicate the course(s) in which you are having difficulties:

Course title	Course number	Course grade

How did disability or medical problems affect the student academic level:

Recommendations to overcome student academic level:

Student signature:

Advisor signature:

Note: please attach any medical records

CC: *Academic Vice Dean

*Student File