

**COMMUNITY COLLEGE OF PHILADELPHIA
CENTER ON DISABILITY
BG-39**

phone: 215-751-8050 | fax: 215-972-6312 | email: cod@ccp.edu

CART Request Form

Date: ____ / ____ / ____

Student Name: _____

J #: J _____ **Email Address:** _____

I am requesting CART for:

Classes (A copy of your paid roster must be attached to this form. You must schedule an appointment with a Center on Disability Counselor to receive your accommodation forms.)

An academic event or activity (Please contact a COD Counselor or the Disability Services Coordinator to discuss your CART needs.)

For Classes:

If you change your classes after submitting this form, you must complete another request form and attach a copy of your updated paid roster.

If you decide to drop a class, you must inform the Center on Disability immediately.

For Academic Events/Activities:

If you are unable to attend a scheduled event, you must inform the Center on Disability immediately.

I have read the above information and understand the policies and procedures regarding CART services.

Signature: _____