

**LEHIGH CARBON COMMUNITY COLLEGE
REQUEST FOR ASSISTANCE DUE TO TEMPORARY LIMITATION**

To receive consideration, the student must complete and submit the ***Request for Assistance Due to Temporary Limitation***. Documentation from the student's treatment provider, describing the temporary limitation must also be submitted with the request. Submit all documents to the Educational Support Center located in Science Hall, SH 150, or email the Interim Dean of Academic Support and Success, Dr. Jodi Rowlands, jrowlands@lccc.edu.

Students are strongly encouraged to submit requests as soon as possible, so that assistance can be provided promptly within the semester. Complete this ***Request for Assistance Due to Temporary Limitation*** form and submit it to the Educational Support Center located in Science Hall, SH 150. Upon receipt of it and the medical documentation, all requests will be handled in a timely manner.

Semester/Year: _____

Date: _____

Student Name: _____

Student ID: _____

Student Email: _____

Student Phone: _____

Courses for which assistance is requested:

- 1.
- 2.
- 3.
- 4.
- 5.

Documentation of temporary limitation attached: Yes No

Assistance requested:

Submit request to:

Educational Support Center
SH 150
4525 Education Park Drive
Schnecksville, PA 18078
Phone: 610-799-1156
Fax: 610-799-1068
Email: jrowlands@lccc.edu