



Dear Candidate for Graduation:

If you are attending the commencement ceremony and need any accommodations for *yourself or family members* during the ceremony due to a disability, please fill out this form and email to SAO@wctc.edu.

Should you have any questions or concerns, please contact Shawn Moede, in the Student Accessibility Office, Room C-022 or 262.691.5383.

Today's Date: \_\_\_\_\_ Student ID #: \_\_\_\_\_

Graduate Name: \_\_\_\_\_

Student Phone Number: \_\_\_\_\_

Student WCTC Email: \_\_\_\_\_@my.wctc.edu

WCTC Program: \_\_\_\_\_

Accommodations needed for yourself:

Accommodations needed for family members:

Anticipated number of guests: \_\_\_\_\_

Any additional information you would like to share: