

TOURO UNIVERSITY - California

Associate Dean of Student Services

Dr. James Binkerd

1310 Johnson Lane
Vallejo, CA 94592

Phone 707-638-5883 Fax 707-638-5872

Request for Accommodations Application

Name: _____ Today's Date: _____

Student ID Number: _____ Date of Birth: _____

Current Address: _____
Number, Street Apt. Number/Residence Hall

City/State/Zip: _____

Permanent Address: _____

Phone Number: _____ E-mail: _____
Campus Permanent

Please Indicate Your Program (i.e., College of Osteopathic Medicine, College of Health Sciences, College of Education, College of Pharmacy)

Please Indicate Your Status:

_____ Matriculated Student

_____ Admitted Student

_____ Prospective Student
(not admitted yet)

Year and semester you began or will begin at Touro University: _____

Expected Date of Graduation: _____

***** PLEASE COMPLETE REVERSE SIDE*****

OFFICE USE ONLY

Data Entry Date: _____ Associate Dean of Student Services: _____

