

Horry-Georgetown Technical College

This template should be **completed and signed by a qualified healthcare professional** who is licensed to diagnose and treat the student's medical condition. This form may be submitted in place of, or in addition to, a letter on the provider's official letterhead as outlined in our [Documentation Guidelines](#).

Student ID (if known): _____

Address: _____

Expected Duration, Date of Re-Evaluation, or End Date:

Functional Impact

Describe the functional limitations or impact of the condition on the student's academic performance or daily functioning:

Describe any pertinent medical information, such as side effects of medication:

Recommended Accommodations

Please list specific accommodations you recommend to enable the student to meaningfully participate in the educational program:

Provider Certification

I certify that the above information is accurate and based on my professional evaluation of the student's condition.

Signature: _____

Date: _____

The Office of Accessibility and Disability Services provides students with disabilities an equal opportunity to participate in and benefit from programs and services offered at HGTC. We are dedicated to providing appropriate services and reasonable accommodations to students with documented disabilities, in compliance with Section 504 of the Rehabilitation Act of 1973, the Americans with Disabilities Act (ADA), and other applicable regulations.

Email: disabilityservices@hgtc.edu

Phone: 843-796-8818 (call or text)