

Reasonable Modification Request Application (PDGA Rules Exemption)

Date of Request: _____

PDGA # (if applicable): _____ Name: _____

Email Address: _____

Preferred Contact Number: _____ (please indicate the type: Home Work Cell)

Preferred Time of Day for Contact: _____

Please state below the nature of the reasonable modification you are requesting. Please provide the specific PDGA rule(s), regulation(s), or policy(ies) to which your reasonable modification request applies. You may attach additional pages if necessary. You may also attach any supporting information you wish, such as a physician's note or other documentation, which you feel may be helpful to the PDGA in considering your request. Additionally, please specify the length of time (up to the end of this calendar year) for which you are requesting the RMR to apply. If additional information is necessary, you may be contacted by a PDGA staff member regarding your request.

Applicant Signature

Email this form and any attachments to: Medical@PDGA.com
