

Request for Reasonable Accommodation

Please complete every field. Should you need more space to complete a particular field, you may attach additional sheets to this form. Please designate on any additional paper which fields you are completing.

Today's Date	_____ Year 1L____ 2L____ 3L____
Name	_____
Address	_____

Phone	_____
Accommodation is requested for	_____ semester of 20 _____
Describe your disability	_____ _____ _____
Describe how your disability affects your classroom work or your ability to take examinations	_____ _____ _____
List any accommodations you are requesting for your scheduled class periods.	_____ _____ _____
List any accommodations you are requesting for examinations.	_____ _____ _____

<p>List the courses for which you seek accommodation. (Please include name of Professor.)</p>	<hr/> <hr/> <hr/> <hr/>
<p>By signing this form and checking the applicable boxes, I acknowledge that:</p>	<p><input type="checkbox"/> I have read and I understand Section 8 of the Student Handbook, which describes the procedures for requesting disability accommodations.</p> <p><input type="checkbox"/> I must complete this form each semester for which I request accommodation.</p> <p><input type="checkbox"/> I must notify the Office of Academic Support of any changes in my disability or need for accommodation.</p> <p><input type="checkbox"/> I have submitted with this form, or will submit in the next three weeks, the appropriate medical documentation from a certified practitioner in the field of my disability as part of my request for accommodation.</p> <p><input type="checkbox"/> All representations I have made regarding my disability and my need for accommodation are true and accurate.</p>
<p>Signature of Student</p>	<hr/>
<p>Date</p>	<hr/>
<p style="text-align: center;">If you have any questions while completing this form, please contact the Director of Academic Support at 434-592-5300.</p>	