

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 the additional pages which fields you are completing.

Today's Date _____ Year: OMS-I ___ OMS-II ___ OMS-III ___ OMS-IV ___

Name _____ LU ID# _____

Address _____

Phone _____

Accommodation is requested for the academic year of _____

Describe your disability _____

Describe how your disability affects your classroom work or your ability to take examinations _____

List any accommodations you are requesting _____

List any accommodations you are requesting for examinations _____

List the courses for which you seek accommodation _____

By signing this form and checking the applicable boxes, I acknowledge that:

- I must complete this form each academic year for which I request accommodation.
- I must notify the Office of Medical Education of any changes in my disability or need for accommodation.
- I have submitted with this form the appropriate medical documentation from an appropriately qualified certified practitioner in the field of my disability as part of my request for accommodation.
- All representations I have made regarding my disability and my need for accommodation are true and accurate.
- I understand that the approval process may take up to 45 days from the date this application is submitted.

Signature of Student _____

Date _____

If you have any questions while completing this form,
please contact the Office of Medical Education.