



# Request for Accommodation

Request for services for students with disabilities (“accommodation”) is a four-step process: (1) initiation of request and provision of clinical documentation, (2) discussion with the course instructor, (3) approval or denial of accommodations, and (4) notification of and acceptance by student. The disability services coordinator will work with you in considering reasonable accommodation of course materials, classrooms, and other aspects of university life. You are responsible for providing recent clinical documentation that supports your request for accommodation. The documentation should describe your disability, the accommodations you are requesting, and the reasons why these accommodations are necessary. Your request cannot be considered without this documentation. A separate form is needed for each course in which you are requesting accommodations. Information on this form is confidential and only shared with those who have a need to know it.

**Request for**       academic accommodation       nonacademic accommodation

**STEP 1. INITIATION OF REQUEST (completed by the student)**

Student name \_\_\_\_\_ Term \_\_\_\_\_

Course/activity \_\_\_\_\_ Instructor/director \_\_\_\_\_

Indicate the accommodation you are requesting for this course/activity.

How will the requested accommodation help you with this course/activity?

\_\_\_\_\_  
Student signature

\_\_\_\_\_  
Date

*By my signature I give the disability services coordinator permission to speak with my physician or other qualified professional as necessary.*

**STEP 2. DISCUSSION WITH INSTRUCTOR/ADMINISTRATIVE OFFICE (completed by the disability services coordinator)**

**STEP 3. DISPOSITION OF REQUEST (completed by the disability services coordinator)**

**STEP 4. NOTIFICATION OF/ACCEPTANCE BY STUDENT**

I acknowledge receipt of this response and I accept the accommodation(s). (If you do not accept the accommodation, please provide a written explanation.) I agree to notify the disability services coordinator if the approved accommodation is not provided or is unsatisfactory. I understand that the willingness or ability of the Division of Continuing Education to provide the accommodations listed above may change over time depending on the circumstances.

\_\_\_\_\_  
Student signature

\_\_\_\_\_  
Date

