



Associate Deanship for Student Affairs  
Student Programs Coordination Office  
Accessibility Services Program

**Reasonable Accommodations Request Form**

A. To be completed by student

Date: \_\_\_\_\_ Academic Year: \_\_\_\_\_

Semester: Fall \_\_\_\_\_ Spring \_\_\_\_\_ Summer \_\_\_\_\_

Name: \_\_\_\_\_ Social Security #: ### - ## - \_\_\_\_\_

Permanent Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_

Program: MD \_\_\_\_\_ MPH \_\_\_\_\_ BSN \_\_\_\_\_

Level: I \_\_\_\_\_ II \_\_\_\_\_ III \_\_\_\_\_ IV \_\_\_\_\_

Contact Person: \_\_\_\_\_

Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

Type of Difficulty: \_\_\_\_\_

Type of Accommodation Requested (please describe): \_\_\_\_\_

Have you received accommodations specific to your disability in the past?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, describe: \_\_\_\_\_

I authorize my health care provider(s) \_\_\_\_\_  
to release the following information from my patient file to the Student Programs  
Director for the purpose of determining appropriate accommodations to my disability.

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

Date \_\_\_\_\_

**B. To be completed by health practitioner**

Diagnosis of Disability (Please include the date of diagnosis and describe the diagnostic criteria/test used.)

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Will the disability result in a long term or permanent condition?

Yes \_\_\_\_\_ No \_\_\_\_\_

Is the student taking medications or treatments that would be expected to affect performance? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

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Would these pose a direct threat or safety risk? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

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Please describe how the disability affects the student's ability to meet the academic requirements. \_\_\_\_\_

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Are additional limitations anticipated? Explain: \_\_\_\_\_

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Accommodations needed: \_\_\_\_\_

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Health Practitioner Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ License #: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Specialty: \_\_\_\_\_