REQUEST FOR SPECIAL ACCOMMODATIONS

This request should be sent to the Department Chairman together with documentation from a physician, psychologist, or other appropriate professional, certifying your disability, and if approved by the Chairman, the request and documentation should be forwarded to the Associate Dean for Academic and Student Affairs for final approval. The documentation should include a specific diagnosis and recommendations for testing accommodations. For learning disabilities, the documentation should include a list of tests administered, results, and interpretation of the results.

Please type or print

1. Name __________________________________________________
   Last                                 First                              Middle

2. Accommodations are requested in the following course(s):

3. Nature of the Disability
   ____ Chronic Health Problem   _____ Permanent Accidental Injury
   ____ Hearing Disability       _____ Temporary Physical Disability
   ____ Learning Disability      _____ Visual Disability
   ____ Neuromuscular Disease    _____ Other ___________________

4. Describe your specific disability in detail:

5. When was your disability first professionally diagnosed?

6. Accommodations recommended by the professional (must be included in the documentation from the professional) Check all that apply:
   ____ Assistance with completing answer sheets
   ____ Extended breaks (no extended testing time)
   ____ Extended testing time: Amount recommended _____________
___ Separate testing rooms (possibly with others granted extended time or extended breaks)
___ Individual testing rooms
___ Large print exam
___ Reader
___ Considerations in clinical assignments
___ Other ____________________________

7. Prior accommodations:

A. Did you have special accommodations in previous institutions of higher education? (Circle)
   Yes                     No
   If yes, what accommodations were provided?

B. Did you have special accommodations in secondary or elementary school (Circle)
   Yes                     No
   If yes, what accommodations were provided?

I certify that the above information is true and accurate.

Signed: ___________________________ Date: _____________