

University of Arkansas for Medical Sciences  
STUDENT REQUEST FOR ACCOMODATION

Directions to Student: Submit this request to the designated official of each college in which you are enrolled. An accommodation plan must be approved by the designated college official(s) before information is communicated to faculty. Please request accommodations prior to the beginning of the semester or as early in the semester as possible. All medical, physical, and educational information supplied as part of this request will be maintained and used in accordance with applicable confidentiality requirements.

Date of request: \_\_\_\_\_

Name \_\_\_\_\_  
*Last* *First* *Middle*

UAMS Student ID (seven digits): \_\_\_\_\_

Type of Request: *(check both, if applicable)*    Physical accommodation    Learning accommodation

Accommodation Sought:

- Initial Accommodation Request
- Increase in Accommodations Request
- Decrease in Accommodations Request
- Temporary Accommodations Request   From \_\_\_\_\_ To \_\_\_\_\_  
*Date* *Date*

Are you enrolled in a dual degree program at UAMS? (two degree programs simultaneously)  
 Yes    No

If so, please indicate the college(s) in which you are enrolled:

- |  |  |
|--|--|
| <u>Primary College</u>                                 | <u>Secondary College</u>                               |
| <input type="checkbox"/> College of Medicine           | <input type="checkbox"/> College of Medicine           |
| <input type="checkbox"/> College of Pharmacy           | <input type="checkbox"/> College of Pharmacy           |
| <input type="checkbox"/> College of Nursing            | <input type="checkbox"/> College of Nursing            |
| <input type="checkbox"/> College of Health Professions | <input type="checkbox"/> College of Health Professions |
| <input type="checkbox"/> College of Public Health      | <input type="checkbox"/> College of Public Health      |
| <input type="checkbox"/> Graduate School               | <input type="checkbox"/> Graduate School               |

Nature of the impairment (check all that apply):

- Learning Disorder
- Attention Deficit/Hyperactivity
- Blindness/Low Vision
- Deafness/Auditory Issue
- Mobility
- Psychological
- Other \_\_\_\_\_

Describe your impairment in enough detail that your educational needs and your request can be fully understood:

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Accommodations are requested for:

- All courses, classes and activities  
 Selected types of classes or activities (please explain):

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Please describe the specific accommodation(s) you are requesting:

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*I certify that the above information is true and accurate to the best of my knowledge.*

Student signature \_\_\_\_\_ Date: \_\_\_\_\_

Best phone number to reach you: \_\_\_\_\_

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**For administrative use only**

- Approved       Denied       Need more information

Action taken:

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Effective date: \_\_\_\_\_

Termination date: \_\_\_\_\_

Name of College Official (please print or type): \_\_\_\_\_

Signature of College Official: \_\_\_\_\_ Date: \_\_\_\_\_