



Student Accessibility Accommodation Request Form

Name: _____

Program: PA or COM | Class of _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Banner ID: _____ email: _____

1. Please indicate each diagnosed and documented physical or mental impairment which “substantially limits” your ability to access examination(s) and/or the medical curriculum:

Learning/Reading Hearing Visual ADHD

Other Physical Disorder (specify): _____

Other Psychiatric (specify): _____

2. Identify those qualified professional(s) that have diagnosed your impairment and the dates of diagnosis:

Evaluator/Diagnosis/Date of Diagnosis:

a) _____

b) _____

c) _____

3. Describe all life activities that are adversely affected by your impairment(s):

4. Explain why you are not able to access examination(s) and/or the medical curriculum as compared to most people in the general population without the requested accommodation.

5. Indicate which, if any, standardized examinations you have taken with accommodations:

- MCAT Date: _____
- ACT/SAT Date: _____
- GRE Date: _____
- College Exams Year in College: _____
- Pre-college Years: _____
- Other: Date: _____

6. Indicate which, if any, standardized examinations you have taken without accommodations:

- MCAT Date: _____
- ACT/SAT Date: _____
- GRE Date: _____
- College Exams Year in College: _____
- Pre-college Years: _____
- Other: Date: _____

7. Have you requested any accommodation previously that was not provided to you as you had requested?

- Yes No

If yes, please describe:

8. What disability accommodations are you requesting?

I declare that the information provided by me on the Request for Accommodations is true and correct to the best of my knowledge.

Student Signature

Date

Note: Students will be required to provide written documentation of their disability before special accommodations can be made.