



**Disability Accommodation Request Form**

Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

C.W.I.D.: \_\_\_\_\_ email: \_\_\_\_\_

- I. 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): \_\_\_\_\_

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

Evaluator:	Diagnosis	Date of Diagnosis:
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1)

2)

3)

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

IV. 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.

V. 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: _____

VI. 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: _____

VII. Have you requested any accommodation previously that was not provided to you as you had requested? Yes\_\_\_\_\_ No\_\_\_\_\_

If yes, please describe:

VIII. 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.

Rev: April 2018