

STUDENT ACADEMIC ACCOMMODATIONS REQUEST FORM

Please complete form & return to Dean of Students.

Student Name:

Student ID:

Phone Number:

Class Standing:

- incoming accepted student
- 1st year at AAU
- 2nd year or more at AAU
- graduate student
- visiting student (study abroad, university exchange, Erasmus, etc.)

Program of Study/Major: _____

Student's Disability Information:

- I have a documented disability and am interested in requesting academic accommodations in my classes.
 - If yes, please attach documentation from a credentialed evaluator (physician, psychologist, etc.) showing evidence of the disability, functional limitation(s) and need for accommodations.
- I am struggling academically and/or socially at the University
- I was referred by a faculty or staff member because I might have a disability

If you have a disability or believe that you do, please indicate below (check all that apply):

- Acquired Brain Injury (ABI) or Traumatic Brain Injury (TBI)
 - Learning disability
 - ADD/ADHD
 - Mental health condition
 - Autism Spectrum Disorder/ Asperger's
 - Mobility disability
 - Vision disorder
 - Neurologic disability
 - Chronic health disability
 - Temporary disability (example: conditions related to pregnancy; broken leg or arm; other injury)
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Deaf/Hard of hearing

Other (please list) _____

If you have ever used accommodations and/or auxiliary aids in high school or at another college/university, please indicate the type below (check all that apply):

Accessible furniture

Alternate format for books

Assistive technology (please list) _____

Captioned films and videos

Enlarged font for exams, books, and handouts

Extended time for exams/quizzes

Notetaking assistance

Preferential of room seating

Reader or scribe

Other (please list) _____

What accommodations were the most effective and why?

What accommodations are you requesting at AAU?

Is there anything else regarding your disability that you would like AAU to know about? If yes, please explain:

Release of Disability Information: I give AAU permission to release information related to the nature of my disability and functional limitations that might help my teachers, their respective Dean/Assistant Deans and Student Services staff to understand my disability and provision of accommodations. This will be in effect until I submit in writing restrictions related to the release of disability information. I understand that accommodations are not retroactive and I may not be granted all of the accommodations that I request because of facility, budget or other constraints.

Student's Signature: _____ Date: _____

