

## STUDENT ACADEMIC ACCOMMODATIONS REQUEST FORM

Please complete form & return to the Vice President for Student Affairs.

Student Name:	<input type="text"/>	Student ID:	<input type="text"/>
Phone Number:	<input type="text"/>		

**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)



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 Support and Resources 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: \_\_\_\_\_

\_\_\_\_\_

