



Student Disability Accommodation Request– Student Form

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Banner ID: _____

Email: _____ Academic Program: DO PA

I. Please indicate each diagnosed and documented physical or mental disability that “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 qualified professional(s) who have diagnosed your disability and the dates of diagnosis:

| Evaluator: | Diagnosis: | Date of Diagnosis: |
|------------|------------|--------------------|
| 1) | | |
| 2) | | |
| 3) | | |

III. Describe all life activities that are adversely affected by your disability(ies):

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

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

- Pre-College Exams: _____ Date(s): _____
- ACT/SAT _____ Date(s): _____
- College Exams _____ Date(s): _____
- MCAT _____ Year(s) in College: _____
- Other Standardized Test: _____ Years: _____
- Other: _____ Date(s): _____

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

- Pre-College Exams: _____ Date(s): _____
- ACT/SAT _____ Date(s): _____
- College Exams _____ Date(s): _____
- MCAT _____ Year(s) in College: _____
- Other Standardized Test: _____ Years: _____

Other: _____

Date(s): _____

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 Student Request for Accommodations – Student Form is true and correct to the best of my knowledge.

Student Signature

Date

Rev: April 2018
August 2022
March 2023