

**Graduate School
Special Accommodation Request Form**



Federal Law prohibits the Office of the Registrar, Special Accommodations Coordinator from making pre-admission inquiries about disabilities. The Special Accommodations Coordinator has been designated by the Graduate School to assist students with disabilities. In order to provide this assistance it is necessary for students with disabilities to identify themselves in a timely manner, minimally one month before the student registers for class. Please remember that any information you provide is strictly voluntary and will be kept confidential.

Students requesting services are responsible for providing current documentation from a qualified professional verifying the disability and its impact on the learning experience or academic performance. New students are encouraged to contact the Special Accommodations Coordinator in the Office of the Registrar at least one month prior to registration.

In order to facilitate your learning experience at the Graduate School, we ask for you to complete the following information and return this form along with proper disability documentation to the Special Accommodations Coordinator.

Please complete the following:

If you prefer, you may fill out and print the paper form here and return to the Special Accommodations Coordinator, Graduate School, 600 Maryland Avenue, S.W., Suite 330, Washington, DC 20024. The Special Accommodations Coordinator may be reached at (202) 314-3349 and by TDD at (888) 744-2717.

Name: _____ SS#: _____
(Last Name, First Name, Middle Initial)

Address: _____
Street/P.O. Box City State Zip Code

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Date of Birth: _____ *Sex: ____ Male ____ Female *Ethnicity: _____

Email Address: _____ Program of Study: _____

Have you requested Disability Services in the past? ____ Yes ____ No

If so, when? _____

* For statistical purposes only

Please answer by checking the appropriate response:

Do you have a disability that substantially limits one or more major life activities? ____ Yes ____ No

What is the nature of the disability? (Check all that apply)

- Deafness () ASL () ENG () PSE
- Blindness
- Mobility Impairment
- Traumatic Brain Injury
- Medical
- Temporary
- Note Taker
- Hard of Hearing
- Visual Impairment
- Learning Disability
- Attention Deficit Disorder
- Psychiatric
- CART Transcriber
- Other: _____

What major life activity is involved? (Check all that apply)

- Reading
- Talking/Speech
- Math
- Physical activities
- Writing
- Walking
- Climbing stairs
- Other: _____

How does this disability affect you in an educational setting?

Please read and sign below:

It is the student's responsibility to make a disability known and to provide proper documentation from an appropriate professional describing a diagnosis, limitations, and recommended academic adjustments and/or auxiliary aids.

It is the student's responsibility to request services in advance each semester.

It is the student's responsibility to keep instructors and Special Accommodations Coordinator informed of implementation and effectiveness of an academic adjustment and/or auxiliary aid.

The student understands that academic adjustments and/or auxiliary aids are not automatically granted.

Students registered with special accommodations must adhere to student behavior guidelines outlined in the Graduate School, Academic Programs, Student Handbook.

My signature below certifies that the information provided is accurate and acknowledges that I am fully aware of my responsibilities as it relates to my Special Accommodation Services request. My failure to follow these guidelines may result in a delay or interruption of services.

Student's Signature

Date

Please return this completed form along with supportive documentation to:

Special Accommodations Coordinator/Registrar
Graduate School
600 Maryland Avenue, S.W., Suite 330
Washington, DC 20024

The Graduate School is committed to equality of educational opportunity and does not discriminate against applicants, students, or employers based on race, color, national origin, religion, sex, or disability.

If you are registering for a course, please provide the information below:

Course Title:	Course Code:	Start Date:
Course Location:		