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## SPECIAL ACCOMMODATION REQUEST FORM

The Special Accommodations Coordinator has been designated by Graduate School USA (GSUSA) to assist students with disabilities. Federal Law prohibits the Special Accommodations Coordinator from making pre-admission inquiries about disabilities. In order to provide accommodation assistance, students with disabilities should identify themselves in a timely manner, minimally one month before the student is scheduled to attend a class or begin course work. Please remember that any information you provide is strictly voluntary and will be kept confidential.

Students requesting accommodation services are responsible for providing current documentation from a qualified medical or health care professional verifying the disability and its impact on the learning experience or academic performance.

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

Please complete the following:				
	t Name, Middle Initial)	SSN#:		
Address:				
Street/P.O. Box	x City State Zip Code			
Home Phone:	Work Phone:	Cell Phone:		
Month of Birth*: * For statistical purposes only		emale *Ethnicity:		
Email Address:				

Program of study or class:	
Have you requested Disability Services in the past?	Yes No
If so, when?	
Please answer by checking the appropriate response:	
Do you have a disability that substantially limits one or	r more major life activities? Yes No
What is the nature of the disability? (Check all that app	oly)
Deafness () ASL () ENG () PSE Blindness Mobility Impairment Traumatic Brain Injury Medical Temporary Note Taker	<ul> <li>Hard of Hearing</li> <li>Visual Impairment</li> <li>Learning Disability</li> <li>Attention Deficit Disorder</li> <li>Psychiatric</li> <li>CART Transcriber</li> <li>Other:</li> </ul>
What major life activity is involved? (Check all that ap	oply)
ReadingTalking/SpeechMathPhysical activities	<ul><li>Writing</li><li>Walking</li><li>Climbing stairs</li><li>Other:</li></ul>
How does this disability affect you in an educational se	etting?
Please submit this completed form along with suppo	ortive documentation to:
Special Accommodations Coordinator, Graduate School Washington, DC 20024. The Special Accommodations by TDD at (888) 744-2717.	

## Please read and sign below:

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

It is the student's responsibility to request services in advance of a class or course of study.

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.

The student understands that providing accommodation may involve substantial costs to GSUSA and that student cancellation of the class or course may result in GSUSA seeking reimbursement of such expense from the student or the student's employer if the employer is funding the class or course on behalf of the student.

**Students** registered with special accommodations must adhere to GSUSA student behavior guidelines set forth in GSUSA publications including the GSUSA 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	

Graduate School USA 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.

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

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