



FOR OFFICE USE ONLY

Assoc. Dean: _____

Registrar: _____

BSL Disability Accommodation Application

Please complete the information requested below. The information you provide on this form and supporting documents will have restricted distribution between you and the Associate Dean. The original documents you submit will be maintained by the Associate Dean and the medical information contained in these documents will normally not be shared with other parties. However, the Associate Dean will release limited information concerning your specific accommodation(s) to the Dean, your individual professors, the school Registrar, and other school employees as necessary to provide the requested accommodation(s).

This form constitutes the cover letter for an education disability accommodation request. You must attach supporting documentation from your health care provider(s) documenting both the disability and recommended accommodation(s) in order to complete this application. Typical accommodations include: written instructions for all testing and assignments, time-and-a-half for midterm and final exam testing, testing in a quiet room separate from other students, and audio recording of class lectures. This list is not all inclusive and your specific request, and the accommodation(s) granted, may vary from this list and include other accommodations not listed here. Your accommodation request will be given due consideration upon receipt and review of the submitted materials. Please submit this form and supporting documents directly to the Associate Dean in a sealed envelope.

Name: _____ **Student #:** _____

What is your disability? _____

What specific accommodations are you seeking? _____

Student's Signature: _____ **Date:** _____