

Accommodations Request Form

1. Your name _____

2. Date of birth _____

3. Department within AUCA/major _____

4. Year of study: Freshmen Sophomore Junior Senior

5. List of courses you are requesting accommodations for, including the course codes (Please be informed that specific accommodations will be determined separately for each course):

- a)
- b)
- c)
- d)
- e)
- f)

6. Reasons for requesting accommodations (Please describe the nature of your disability and mention specific diagnoses, if any. Attach supporting documents):

Responsibility statement: Please be informed that student takes responsibility for requesting the accommodations from AUCA. Student takes full responsibility for providing true and sufficient information to the Accommodations Committee.

Confidentiality statement: Please be informed that all information you provide to the Committee and relevant AUCA staff will be kept strictly confidential. We recommend that students minimize disclosure of accommodations-related information to other students.

Date _____

Student Signature _____