**Accommodations Request Form**

1. Your name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Student ID\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Department within AUCA/major \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. Year of study: Freshmen Sophomore Junior Senior

5. List of courses you are requesting accommodations for. Please include the course codes.

(Specific accommodations will be determined separately for each course:)

a)

b)

c)

d)

e)

f)

□- I request accommodations for all academic courses at AUCA.

5. Reasons for requesting accommodations: describe the nature of your disability and mention

specific diagnoses, if any (please attach the relevant supporting documents).

6. Suggested accommodation (optional).

Responsibility statement: Please be informed that the student takes responsibility for requesting

accommodations from AUCA. The student takes full responsibility for providing accurate and

sufficient information to the Accommodations Committee.

Confidentiality statement: Please be informed that all information provided to the Committee and

relevant AUCA staff will be kept strictly confidential. We recommend that students minimize the

disclosure of accommodation-related information to other students.

Date \_\_\_\_\_\_\_\_\_\_\_\_\_ Student Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Accommodations Committee Meeting Minutes:**

Student Name:

Student ID:

Major/Department:

Meeting date:

Members of the Committee (note if the student and/or their parents attended the meeting):

Documents provided by the student are complete and relevant □

The student is approved to get accommodations □

The student is eligible for the following accommodations (visiting counseling services is

recommended):

1.

2.

3. …

The Accommodations Committee’s decision is to be effective for the following period:

□ current semester

□current academic year

□ the whole time of study at AUCA

Signatures of the Accommodations Committee members:

Signature of the student:

A copy of the minutes has been provided to the student, their advisor and respective department chair □