# Application for Academic Accommodations

**Student Name ___________________________**  
**Preferred Name ___________________________**  
**ID# ___________________________**  

**Class**  
- [ ] Freshman  
- [ ] Sophomore  
- [ ] Junior  
- [ ] Senior  
- [ ] Grad  
- [ ] Transfer  
- [ ] Non-degree seeking

**Cell Phone ___________________________**  
**U-Mary Email ___________________________**

**Major(s) ___________________________**  
**Advisor(s) ___________________________**

**Date ___________________________**  
**Enrolled in Trio/SSS Program**  
- [ ] Yes  
- [ ] No  
- [ ] No, I would like information.

## Disability Information

Check all that apply. It is necessary to supply current documentation from an appropriate medical professional for each area of disability for which you will require accommodations.

- [ ] Acquired or Traumatic Brain Injury
- [ ] Anxiety Disorder  
  Specify ___________________________
- [ ] Attention Deficit/Hyperactivity Disorder (ADHD)  
  - [ ] Combined presentation  
  - [ ] Predominantly inattentive presentation  
  - [ ] Predominantly hyperactive/impulsive presentation
- [ ] Autism Spectrum Disorder (ASD)
- [ ] Communication Disorder  
  Specify ___________________________
- [ ] Hearing Impairment  
  Specify ___________________________
- [ ] Dyslexia
- [ ] Mood Disorder  
  Specify ___________________________
- [ ] Specific Learning Disorder  
  - [ ] With impairment in reading
  - [ ] With impairment in writing expression
  - [ ] With impairment in mathematics
- [ ] Visual Impairment  
  Specify ___________________________
- [ ] Temporary Physical  
  Specify ___________________________
- [ ] Other Physical  
  Specify ___________________________
- [ ] Other Psychological  
  Specify ___________________________

**Are you currently a client of Vocational Rehabilitation?**  
- [ ] Yes  
- [ ] No  
- [ ] No, I would like information.

**Did you receive disability-related accommodations in high school?**  
- [ ] No  
- [ ] Yes

If Yes, please describe ____________________________________________________________

**Did you receive disability-related accommodations at a previous college?**  
- [ ] No  
- [ ] Yes

If Yes, please describe ____________________________________________________________

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7500 University Drive  
Bismarck, ND 58504  
office (701) 355 8264  
fax (701) 255 7687
Requested Accommodations
Based on your documented disability, please check the accommodation(s) you are requesting. Accommodation approval is based on supporting documentation of disability and individualized assessment of each particular student’s situation. Accommodations may not be applied retroactively.

- Distraction Reduced Testing Environment
- Extended Test Time
- Tests Read Aloud
- Test Scribe
- Permission to Record Lectures
- Note Taking Assistance
- Preferential Seating
- Materials in Alternate Format
- Electronic/e-text
- Braille
- Sign language interpreter or captioning
- Other
  Specify____________________________________

I am seeking accommodations beginning  □ Fall  □ Spring  □ Summer  Year _______

□ I am not seeking accommodations at this time.

Assistive Technology
Are you currently using assistive technology?  □ No  □ Yes
If Yes, check all that apply

- Read & Write Gold
- Kurzweil
- Dragon Naturally Speaking
- JAWS
- Zoomtext
- Learning Ally
- Livescribe Smartpen
- Listening device
  Specify____________________________________
- Other
  Specify____________________________________

Understanding Disability Services in College
University of Mary is committed to providing reasonable accommodations for students with documented disabilities. Unlike elementary, middle, and high schools, the Americans with Disabilities Act (ADA) and Section 504 of the Rehabilitation Act of 1973 govern colleges and universities. Therefore, having an IEP or 504 plan while in high school does not automatically make you eligible for disability services in college. While we are committed to providing reasonable and appropriate classroom accommodations for documented disabilities so all students have an equal opportunity to work toward success, students who participate in college level curriculum will be expected to perform at the college level. Instructors are not expected nor encouraged to compromise requirements deemed essential to college coursework.

Signature
I certify to the best of my knowledge that the information on this form is true and complete without evasion or misrepresentation. I understand that if found to be otherwise, it is sufficient cause for rejections or dismissal. I understand that I will need to provide disability documentation to support the need for my requested accommodations. I understand that reasonable accommodations are determined after a thorough review of the documentation and an individualized, interactive intake meeting between the Coordinator of Student Accessibility Services and me.

Student Signature __________________________________________ Date ____________________________