



Student Please Complete

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 students with 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.

Student Name _____ ID# _____ Date _____

Class Freshman Sophomore Junior Senior Grad Transfer Non-degree seeking

Cell Phone _____ U-Mary Email _____

Major(s) _____ Advisor(s) _____

Disabilities and Accommodations

Please list any disabilities that have an impact on your academic work (physical, learning, mental health, visual, etc.). It is necessary to supply supporting documentation for each area of disability for which you will require accommodations.

Please describe how you are affected functionally by the disabilities noted above.

Please check the area(s) impacted by those disabilities:

- Reading Writing Speaking Attention Hyperactivity
- Anxiety Mathematics Language Study Auditory Processing Visual Processing
- Note-taking Other: _____

Have you received disability-related accommodations previously (high school or a previous college)? Yes No

If Yes, please describe _____

Based on your documented disability and functional limitations, please describe the accommodation(s) you are requesting to receive. Accommodations may not be applied retroactively.

When are you seeking accommodations to be implemented? Fall Spring Summer Year _____
 I am not seeking accommodations at this time.

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

Are you enrolled in Student Support Services/TRIO? Yes No No, I would like information.

Please provide any additional information that would be helpful for Student Accessibility Services staff to know about you.

Assistive Technology

Are you currently using assistive technology? Yes No

If Yes, check all that apply:

- Read & Write Gold
- Kurzweil
- Dragon Naturally Speaking
- JAWS
- Zoomtext

- Learning Ally
- Livescribe Smartpen
- Listening device
Specify _____
- Other
Specify _____

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 supporting disability documentation to support the need for my requested accommodations. I understand that reasonable accommodations are determined after a thorough review of the provided information and an individualized, interactive intake meeting between the Coordinator of Student Accessibility Services and me.

Student Signature _____ Date _____