

# **REQUEST FOR ACCOMMODATIONS**

Disability Services



DATE: \_\_\_\_\_

Student Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Student Address: \_\_\_\_\_

Student E-mail Address: \_\_\_\_\_ SS #: xxx-xx-\_\_\_\_\_

IWU ID Number: \_\_\_\_\_ Program/Core Group \_\_\_\_\_

Type of Disability: \_\_\_\_\_

In accordance with Section 504 of the Rehabilitation Act of 1973 and the Americans with Disability Act (ADA), individuals with disabilities are guaranteed certain protections and rights of equal access to educational programs and services. Accommodations are made in relation to a documented disability. IWU will collaborate with appropriate external agencies to provide some accommodations.

Accommodations are designed to ease the impact of a disability in pursuing an educational program. Accommodations cannot change the essential requirements or standards of a course or program, nor can accommodations create a biased or discriminatory environment for other students in a course or program.

Academic adjustments for disabilities depend upon reasonable notice of need. The greater the adjustments needed in providing an accommodation, the greater the advance notice should be. The ability of the University to respond to accommodations is directly related to the notification given by the student. **IWU requires a twelve-week notice for physical modifications and a six-week notice for most other accommodations.**

**Students are required to complete this form and to provide appropriate documentation for their disability.** The documentation must be within three (3) years of first request to IWU and must include information that diagnoses the disability, indicates the severity and longevity of the condition, and offers recommendations for necessary and appropriate auxiliary aids or services, academic adjustments, or other accommodations.

In addition to this form, **a qualified professional must complete the *Verification of Disability* form.**

**Please return both forms to:**

Disability Services  
Indiana Wesleyan University  
4201 S Washington  
Marion, IN 46953  
Fax: 765-677-2140  
Email: ADARrequest@indwes.edu

**Please indicate your specific request(s) below:** (please check all that apply)

- 50% Extended testing (Time and a half)
  - 50% Extended assignment deadlines (Time and a half)
  - Digital Textbooks- can be converted to audio
  - Distraction reduced testing environment
  - Tape recording of lectures
  - Preferential seating
  - Allowance for frequent mobility
  - Other – Please explain: \_\_\_\_\_
- 

**Statement of understanding:**

By signing below, I acknowledge that I have read and understand the statements above. I agree to adhere to those statements and understand that my failure to do so may hinder the effectiveness of my accommodations.

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_