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**REQUEST FOR ACCOMMODATION**

Consistent with the mandates of Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act of 1990, as amended, Wright Graduate University is committed to providing individuals with disabilities equal opportunity to benefit from its educational programs and services. The Chancellor is the designated disability services coordinator to assure compliance with and implementation of the University’s responsibilities under these laws.

Students requesting accommodations from the University are required to complete the accommodation request form and submit documentation to verify eligibility. Under the Americans with Disabilities Act (ADA) and Section 504 of the Rehabilitation Act of 1973 (as amended), individuals with disabilities are guaranteed equal access to programs and services; therefore, the documentation should indicate that the disability substantially limits one or more major life activities. It is the responsibility of the student to present appropriate documentation of a disability to the University in a timely manner to secure accommodations, which cannot be made retroactively. It is recommended that students contact the Chancellor and provide appropriate documentation of the disability at least two weeks prior to the course start date.

Documentation of a disability should be as current as possible, and consideration will be given to the type of disability, type of documentation, and current legal guidelines. Depending on the type of disability, documentation may include, but not be limited to, a school plan such as an individualized education program (IEP) or 504 plan; a comprehensive assessment battery and diagnostic report; or a record of a disability from another institution of higher education.

All psychological/ or medial reports must include the name, title, and professional credentials of the evaluator. All reports should be on letterhead stationary, typed, dated, signed, and legible.

Documentation for any disability should include as much of the following as possible:

* Diagnosis of disability
* Description of any medical and/or behavioral symptoms associated with the disability
* Identification of medications, and side effects, that could significantly impact the student in an academic environment
* Statement specifying functional limitations caused by the particular disability
* Any recommended accommodations associated with the identified functional limitations

The Chancellor develops and coordinates plans for the provision of reasonable accommodations. Eligible students include those who are enrolled or admitted in degree and non-degree programs offered by the University and are considered qualified to meet all program requirements despite a disability. Students wishing to receive reasonable accommodations for a disability must register with the University and provide documentation of a disability. Students will be notified of reasonable accommodations within seven business days of registering with the University and submitted all appropriate documentation.

**Self-Disclosure Statement**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Program of Interest: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

No student shall be retaliated against for seeking accommodation under this policy or for otherwise asserting his/her rights under the Americans with Disabilities Act of 1990 or Section 504 of the Rehabilitation Act of 1973.

Please complete and return to the Chancellor. Attach any additional material necessary.

**Please describe the nature of your disability.**

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**What documentation do you intend to provide?**

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**Have you received accommodations previously? If yes, what accommodations did you receive?**

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**What accommodations do you feel would be appropriate at Wright Graduate University?**

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**Student/Applicant Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_**

**For Official Use Only: Date Received: \_\_\_\_\_\_\_\_\_\_\_\_**

**Chancellor’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**