

Request for Accommodations for Disabilities Application (RADA)

Name: _____ Date: _____

Student ID: _____ Email Address: _____

Current Address: _____
Number, Street Apt. Number/Residence Hall

City/State/Zip: _____

Phone Number (Cell): _____ Date of Birth: _____

Program Information:

College of Dental Medicine

College of Podiatric Medicine (AZ)

College of Graduate Studies

College of Pharmacy

College of Health Science

College of Veterinary Medicine (AZ)

College of Optometry

Online Programs

College of Osteopathic Medicine

Year and quarter you began or will begin at Midwestern University : _____

Expected date of graduation: _____

Please indicate disability status:

Permanent

Temporary

Long term temporary (Longer than 6 months)

Please identify your disability or disabilities. It is helpful to describe how your disability or disabilities affect you as a student.

Primary:

Secondary:

Tertiary:

Please describe how your disability affects you as a student relative to your program?

(PLEASE FINISH FILLING OUT THE REST OF THE FORM)

Date Received in Student Services Office: _____

Is your disability constant or does it fluctuate?

Constant

Fluctuate

Are the limitations associated with your disability(s) constant, or do they fluctuate?

Constant

Fluctuate

If the impact of your disability fluctuates, what factors impact the change?

If your limitations fluctuate, what factors impact the change?

If your disability or limitations fluctuate, do your requested accommodations account for these variables?

Yes

No

Please identify the accommodations and/or services you are requesting:

Extra time on written practical exams

Extra time on timed examinations and/or quizzes

Extra time on in-class assignments

Provisions to take examinations and/or quizzes in a reduced-distraction room

Bathroom breaks

Audiotape recording of lectures

Notetaker services

Amplification device

Signer/translator

Front row access in classes with assigned seating

Other accommodations will be considered as presented, specify:

A note on reduced-distraction room testing environment

A reduced-distraction room does not mean that the room will be completely silent, only that there will be less distractions than those found in a normal testing environment. There will be environmental noise. If you are very sensitive to environmental noise, you should consider wearing a noise reduction device such as ear plugs. The reduced-distraction environment may be within the Testing Center, or at some other location determined by the course director. There may be other students in the room with you.

I understand that all approvals for accommodations, including initial and subsequent requests, are handled exclusively by Student Services and therefore I will submit all requests for accommodations to Student Services for approval in accordance with policy and procedure.

(Initials)

I understand that after accommodations are approved by Student Services, Student Services will notify my program only of the accommodations that have been approved and I am responsible for informing the program, including course directors, of when and/or how I want to use the approved accommodations. I will notify my program or course instructor as far in advance as possible. I understand that accommodations are not retroactive.

(Initials)

I understand that I will not discuss with my program or course directors my disability(s) or limitations, including any fluctuations. If I require additional or modified accommodations, I will work exclusively with Student Services.

(Initials)

I understand that modifications afforded by my program, including those found in a course catalog or syllabus, are available to all students regardless of disability status and the granting or denying of those modifications do not consider your disability and do not constitute an accommodation or denial of an accommodation.

(Initials)

Signature of Student

Date