St. George's University
Application for Disability Accommodations

Welcome to SGU and Student Accessibility and Accommodation Services (SAAS). If you are a student with a disability or disabling condition that affects one or more major life activities and would like to request an accommodation, we encourage you to apply early, if possible. Completing and submitting this form, along with the associated comprehensive documentation, at least one month before classes begin will allow for a more efficient and timely consideration of your request. If you do not submit the required documentation in a timely fashion, an eligibility determination may not be made, and accommodations may not be granted, prior to the commencement of classes and examinations. Disability Documentation Guidelines are provided to assist you and your medical provider with the necessary information required by SGU in order to be considered for accommodations. SAAS welcomes an opportunity to speak with you regarding your accommodations and to answer any questions.

PART I: GENERAL INFORMATION

Last Name:(*Please print*)_____FirstName:_____

Please select your School:
_____ *School of Medicine*
_____ *School of Veterinary Medicine*
_____ *School of Graduate Studies*
_____ *School of Arts and Sciences*

Are you a new student starting at SGU? Yes _____   No _____

If no, what is your current term? _____

PART II: DISABILITY/ACCOMMODATION INFORMATION

1. List the specific disability(ies) for which you are requesting accommodations and when it was initially diagnosed.

Disability: _____Year Diagnosed:_____

Disability:_____ Year Diagnosed:_____

Disability: _____Year Diagnosed:_____

2. Specify the accommodations that you are requesting?

_____

_____

3. Describe the impact of your disability(ies) on a major life activity and in an educational environment and why the accommodation (s) you are requesting is necessary. Where relevant include the impact in labs, practicals and clinicals environment(s), such as in patient care.

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PART III: SUPPORTING DOCUMENTATION

Comprehensive documentation is required in order to be considered for accommodations. Disability Documentation Guidelines are provided to assist you and your medical provider with the necessary information required by SGU in order to be considered for accommodations.

4. Specify the disability documentation you are submitting with this application.

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_____

5. List any prior accommodation(s) you have received in the post-secondary environment. Provide verification from the previous post-secondary institution specifying the approved accommodations (e.g. copy of your letter of accommodation).

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6. List any prior accommodation(s) you have received on formal, standardized examinations (e.g. SAT, GRE, MCAT). Provide verification from the examination services specifying the approved accommodations (e.g. copy of your approval letter).

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PART IV: CONSENT TO RELEASE CONFIDENTIAL INFORMATION & GENERAL UNDERSTANDING

1. *I understand that the consideration of a request for reasonable accommodations may necessitate disclosure of disability and/or medical information provided by me to appropriate professional personnel participating in the eligibility and accommodation process and other SGU personnel with an educational interest. I consent to such disclosure.*

2. *I understand that the consideration of my request for an accommodation does not guarantee that I will be found eligible for an accommodation, that the accommodation I request will be found reasonable, or that I will be granted the specific accommodation that I am requesting.*

3. *I understand that being granted a reasonable accommodation by SGU is not a guarantee of being granted such accommodation by external bodies such as those offering licensure and national board exams.*

4. *I understand that being granted a reasonable accommodation does not guarantee that I will be eligible to receive an accommodation or that the same accommodation will be granted for the duration of my educational career at SGU.*

5. *I understand that I may, from time to time, be required to resubmit an application and supporting documentation, especially if my educational setting changes.*

6. *By my signature below, I vow and confirm that the information provided in this application is true and the accompanying documentation are full and complete copies of the original documentation.*

_____   _____

NAME (*Please print*)   ID NUMBER

_____   _____

SIGNATURE   DATE