



University  
College

## Academic Accommodations Application

Date: \_\_\_\_\_  
Student: \_\_\_\_\_ Student ID #: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Major: \_\_\_\_\_ Class Status: Freshman Sophomore Junior Senior Graduate NDS Certificate  
Telephone #: \_\_\_\_\_ Program of Study: \_\_\_\_\_ Email: \_\_\_\_\_

### Disability Category

Check all that apply and complete disability description on the back of this form.

Disability is: ☐ Permanent/Chronic ☐ Temporary, 45 days or less ☐ Temporary, greater than 45 days  
Physical impairment: ☐ Visual ☐ Hearing ☐ Orthopedic ☐ Neurological ☐ Physical/Other Functional  
Mental Impairment: ☐ Acquired brain injury ☐ Specific learning disability ☐ Psychological disorder

### Physicians or Other Health Care Practitioners:

Separate documentation of disability must be provided and **completed by a professional in disability services, education, medicine, psychology, or a related area**, and cannot be a family friend or relative. Please provide their information below.

Name of certifying professional: \_\_\_\_\_ Phone no. (\_\_\_\_) \_\_\_\_\_  
Place of employment: \_\_\_\_\_ Professional Capacity: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

### Academic Accommodation(s) Requested

Place a check by the academic accommodations requested. Please note the accommodations listed below are not necessarily available to every student who requests services. The final determination of academic accommodation is subject to verification of disability and documented need, based upon areas of deficit.

- ☐ Extended time on exams (specify, following page) ☐ Extended time on writing assignments (specify, following page)  
☐ Permission to release your documents to our disability specialist at Azusa Pacific University's Learning Enrichment Center  
☐ Permission to inform faculty and/or Success Coach of the nature of your disability

Other, please specify: \_\_\_\_\_  
\_\_\_\_\_

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

University College - Azusa Pacific University | Office of Student Success  
300 N. Lone Hill Ave., #200, San Dimas, CA 91773

Submit completed form with appropriate documentation at least eight weeks prior to the intended session of attendance via email to [studentsupport@uc.apu.edu](mailto:studentsupport@uc.apu.edu) or fax to 626-276-7034.



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## Academic Accommodations Application—Continued

### Description of Disability

Please describe the functional limitations of any disability areas checked on the opposite side of this form AND indicate how the disability limits your access or ability to fully participate in an academic online environment.

(attach additional sheet if necessary)

### For Office Use Only

Documentation of disability received: ☐ Yes ☐ No

This disability is: ☐ Observable ☐ Not observable

Accommodations to be provided: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Student has requested that instructors/Success Coach be notified of the nature of his/her disability: ☐ Yes ☐ No

Notes: \_\_\_\_\_

\_\_\_\_\_

Name of individual completing initial intake: \_\_\_\_\_

Date: \_\_\_\_\_ Semester for implementation: ☐ Spring ☐ Summer ☐ Fall Year: 20\_\_\_\_\_

Session: \_\_\_\_\_ ☐ 1 ☐ 2

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