



University College

Academic Accommodations Application

Date: _____

Student: _____ Student ID # _____

Address: _____ City: _____ State: _____ Zip Code: _____

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

Certification

Certification of your disability must be completed by a professional in disability services, education, medicine, psychology, or a related area, and cannot be a family friend or relative. Documentation of disability must be provided.

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 or fax to 626-276-7034.



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.

[Empty text box for description of disability]

(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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