

Appendix IV



CENTER FOR HEALTH SCIENCES
OKLAHOMA STATE UNIVERSITY

Student Accommodation Request – Student Form

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Banner ID: _____

Email: _____ Academic Program: DO PA

I. Please indicate each diagnosed and documented physical or mental disability that substantially limits your ability to access examination(s) and/or the medical curriculum:

Learning/Reading Hearing Visual ADHD

Other Disability: _____

II. Identify qualified professional(s) who have diagnosed your disability and the dates of diagnosis:

Evaluator: Diagnosis: Date of Diagnosis:

1)

2)

3)

III. Describe all life activities that are adversely affected by your disability(ies):

IV. Explain why you are not able to access examination(s) and/or the curriculum as compared to most people in the general population without the requested accommodation.

V. Indicate which examinations, if any, you have taken with accommodations:

- Pre-College Exams: _____ Date(s): _____
- ACT/SAT Date(s): _____
- College Exams Date(s): _____
- MCAT Date(s): _____
- Other Standardized Tests: _____ Date(s): _____
- Other: _____ Date(s): _____

VI. Indicate which examinations, if any, you have taken without accommodations:

- Pre-College Exams: _____ Date(s): _____
- ACT/SAT Date(s): _____
- College Exams Date(s): _____
- MCAT Date(s): _____
- Other Standardized Tests: _____ Date(s): _____
- Other: _____ Date(s): _____

VII. Have you requested any accommodation previously that was not provided to you as you requested?

- Yes
- No

If yes, please describe:

VIII. What disability accommodations are you requesting?

IX. I am requesting accommodations for the following courses:

All courses

Only the following courses:

_____	_____
_____	_____

I declare that the information provided by me on the Student Request for Accommodations – Student Form is true and correct to the best of my knowledge.

Student Signature

Date

Rev: April 2018
August 2022
April 2023