



ACCESSIBILITY ACCOMMODATIONS REQUEST FORM

If you are requesting ADA accommodations, please fill out this form completely and as detailed as possible. Once you have completed the form, submit it and supporting documentation to StudentAffairs@Saybrook.edu.

STUDENT NAME: _____

SAYBROOK E-MAIL: _____

DAYTIME PHONE #: _____

YEAR IN PROGRAM (1ST, 2ND, 3RD, ETC.) _____ **DEGREE LEVEL:** _____

PROGRAM: _____

Please complete the following questions (*attach additional sheets if necessary*):

1. What is your disability/diagnosis?

2. Please describe how any disability-related limitations may interfere with your studies (courses, navigating the hotel during Residential Conferences, internship, dissertation etc). Do you expect this condition to affect you for the duration of your academic program?

3. Please list the accommodations you are requesting.

4. In addition to this form, you must provide the Saybrook Student Affairs with a recent letter from your treating professional(s) identifying your diagnosis and supporting any recommended academic accommodations. Documentation must be current (generally, three years is acceptable for most disabilities and five years in some cases depending on type). (Please note you may also attach Confirmation of Approved Accommodations letters from any previous school attended; they are helpful in guiding our understanding of your needs for accommodations. However, please be aware that Saybrook University is not obligated to provide you with accommodations identical to those received at prior institutions. An assessment is made based upon *reasonableness* as opposed to your preferred accommodation). On this line, please identify the name and professional credentials of the treating professional(s) whose letter(s) you have attached to his request form.



5. Please share any additional information you would like the Student Affairs to know about you. Feel free to attach additional sheets, if needed.

By submitting this Accommodations Request Form along with documentation from a treating professional, I understand that the Student Affairs will contact me within five business days to review my request. I understand that ADA accommodations are an interactive process that may require additional information from me or from my treating professional. To discuss my request, the Student Affairs may need to meet with me via phone, Zoom, email or in-person (if on-campus). I also understand that accommodations are not retroactive and do not begin until this process has been completed and I have been given a Confirmation of Accommodations letter that I will share with my faculty.

STUDENT SIGNATURE: _____ **DATE:** _____

FOR OFFICE USE ONLY		
Date Received: _____	Approved	Denied
Notes		