



## Scripps College Request for Academic Accommodation(s) Form

This form is to be completed by the student requesting services. It is important that you complete all questions as best you can. If you have questions please contact the Dean of Students Office at 909-621-8277. Appropriate professional documentation detailing your accommodations must be submitted with this form.

Name: \_\_\_\_\_ Student ID: \_\_\_\_\_

Address: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Major: \_\_\_\_\_ Graduation Term: \_\_\_\_\_

Status:  Incoming Student  First Year  Sophomore  Junior  Senior

**What is the nature of the disability for which you are requesting services?** Check all that apply  
 Learning Disability  ADD/ADHD  Psychiatric Disability  
 Physical limitation  Hearing Impairment  Visual Impairment  
 Other (specify) \_\_\_\_\_

**Duration of Above Condition(s):**  Permanent/Chronic  Temporary  Unknown

**Requested Accommodation(s):** Based on your disability, please indicate the accommodations you will need in college in order to have equal access. Please note that approval of any accommodations will be based on the review of your supporting documentation of the disability.

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**Describe the accommodation(s)** you have received in the past, including the nature of the accommodation(s), the names of the providing institution(s), and the dates which the accommodation(s) were provided.

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I understand that the Dean of Students Office must receive this completed form and appropriate professional documentation prior to consideration and provision of accommodation(s). It can take up to ten (10) business days for this process to be completed.

I understand that the college may require me to undergo further testing for the purpose of establishing the existence and/or extent of my disability and my need for reasonable accommodation(s).

I understand that by signing below, I am initiating a request to be established as a student with a disability in accordance with state and federal regulations and to have reasonable accommodations provided.

With my signature below, I give permission for Monsour Counseling & Psychological Services (MCAPS) to review the documentation I have provided to Scripps Dean of Students Office and provide feedback regarding appropriate accommodations. I also give permission to consult with the Student Disability Resource Center staff as appropriate.

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_