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Description automatically generated with medium confidence

Student/Learner Accommodation Request Form

Student’s Name: School: SOM GSN GSBS

Preferred Pronouns: Phone: Please describe the nature of your disability:

Accommodations you are requesting:

In case of an emergency on campus or at your clinical site, will you need assistance? Yes No If yes, please describe circumstances and nature of assistance which may be required.

Describe:

Please provide emergency contact information:

Name: Phone:

I understand and agree to the following:

* Students are required to provide medical documentation to support the accommodation request. Documentation must meet the guidelines outlined on the Accommodation Services website [(**https://www.umassmed.edu/ada/)**](https://www.umassmed.edu/ada/). Documentation must be sent from a qualified provider directly to the Director of Accommodation Services. Documentation for learning disabilities or ADHD should be no more than three years old or will require updates/renewal. Documentation for medical or mental health disabilities should be no more than six months old or will require updates/renewal.
* The Academic Accommodation Committee (AAC) may require and request additional documentation beyond what is submitted. Submission of this form does not guarantee the accommodation(s) requested will be granted.
  1. Notification of approved accommodations will be sent to course administrators for delivery to course instructors/clinical directors.
  2. All medical information sent to the Director of Accommodations Services is confidential and will remain separate from the academic record.
* I agree to work with the Director of Accommodation Services to determine appropriate and reasonable accommodation(s) while a student/learner at UMMS.

Signature Date

Student/Learner Signature

Please complete this form and deliver to the Director of Accommodation Services:

at [Katrina.Durham@umassmed.edu](mailto:Katrina.Durham@umassmed.edu)