University of Massachusetts Medical School

**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 which must meet the guidelines outlined on the Student/Learner Accommodation Services website (**https://www.umassmed.edu/ada/)**, including that documentation must be sent from a qualified provider directly to the Director of of Student/Learner Accommodation Services. Documentation for learning disabilities or Attention Deficit Disorder 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 may require and request additional documentation beyond what is submitted and submission of this form does not guarantee the accommodation(s) requested will be granted.
    1. Notification of approved accommodations will be sent to Associate Dean for Student Affairs for medical students and to the Associate Deans for Academic Affairs of the GSBS and GSN for graduate and nursing students respectively to facilitate communication to the appropriate course faculty.
    2. No medical information will be provided to the Student Affairs or Academic Affairs Offices.
- I agree to work with the Director of Student/Learner Accommodation Services to determine appropriate and reasonable accommodation(s) while a student at UMMS.

Signed_____ Date _____

Please print and sign this form and deliver to the Director of of Student/Learner Accommodation Services:

Katrina Durham in the Office of Management (S1-405) or email at Katrina.Durham@umassmed.edu