

ACADEMIC ACCOMMODATION REQUEST FORM

NAME: _____ **NSU ID #:** _____

PHONE: _____ **CELL PHONE:** _____

NSU EMAIL: _____ **@MYSU.NOVA.EDU**

MAILING ADDRESS: _____

DATE OF BIRTH: _____ **STUDENT LEVEL:** ___ Undergraduate ___ Graduate/Professional

PRIMARY CAMPUS:

___ Davie ___ Fort Myers ___ Jacksonville ___ Miami ___ Online
___ Orlando ___ Puerto Rico ___ Tampa ___ West Palm Beach

PROGRAM/MAJOR: _____

COLLEGE:

___ Allopathic Medicine ___ Engineering and Computing ___ Nursing
___ Arts, Humanities, & Social Sciences ___ Health Care Sciences ___ Optometry
___ Business ___ Law ___ Osteopathic Medicine
___ Dental Medicine ___ Medical Sciences ___ Pharmacy
___ Education ___ Natural Sciences & Oceanography ___ Psychology

DIAGNOSIS/MEDICAL CONDITION:

___ Attention Disorders ___ Physical and Systemic Disorders
___ Autism Spectrum Disorders ___ Psychological and Psychiatric Disabilities
___ Head Injury and Traumatic Brain Injury ___ Specific Learning Disabilities
___ Hearing Impairments ___ Vision Impairments

REQUEST ACCOMMODATION(S) BEGINNING: ___ Fall ___ Winter ___ Summer

Please RETURN this form with supporting documentation from your treating professional(s).

Visit www.nova.edu/disabilityservices for appropriate supporting documentation. Accommodations must be requested through SDS prior to July 1st for the fall semester and prior to December 1st for the winter semester. Accommodations for summer courses must be requested prior to April 1st for Session 1 and prior to May 1st for Session 2. Failure to abide by these guidelines may result in a delay in determinations.

PLEASE LIST SPECIFIC ACCOMMODATION(S) BEING REQUESTED:

RELEASE OF INFORMATION:

I, _____ (print first and last name), authorize Student Disability Services and its designated representatives to discuss my disability-related needs with authorized members of the Nova Southeastern University administration, staff, and/or faculty for the purpose of assisting me in my program, as well as determining reasonable accommodations. I understand this information is confidential in nature and will be used only for educational purposes. I understand that this authorization may be withdrawn by me at any time through a written, signed, and dated request.

Student Signature** Date

Parent/Guardian Signature if student is under the age of 18 years old Date

I, _____ (print first and last name), authorize Student Disability Services and its designated representatives to release and/or discuss information specifically related to my disability; including but not limited to documentation pertaining to my disability, requests or evaluations regarding accommodations and services, with (check all that apply):

____ Members of my family (specify): _____

____ Medical professional(s) (specify): _____

Student Signature** Date

Parent/Guardian Signature if student is under the age of 18 years old Date

****By signing this form you understand that we will not review your request until your supporting documentation from your treating professional(s) is received.** Visit www.nova.edu/disabilityservices for appropriate supporting documentation. Accommodations must be requested through SDS prior to July 1st for the fall semester and prior to December 1st for the winter semester. Accommodations for summer courses must be requested prior to April 1st for Session 1 and prior to May 1st for Session 2. Failure to abide by these guidelines may result in a delay in determinations.