



Student Request for Accommodations and Documentation Review

This form must be completed by the student.

I. STUDENT INFORMATION

| | |
|-----------------|--|
| Name: | |
| Date of Birth: | |
| Address: | |
| Phone: | |
| Cell: | |
| Email Address: | |
| Campus/Program: | |

II. STATUS

Prospective Student - Not yet accepted or enrolled
Anticipated Start Date: _____

Current Schiller International University Student:
Original Start Date: _____
Next Quarter Start Date: _____

IV. DISABILITY INFORMATION

1. *In your own words*, describe your disability.

2. (a) How does your disability affect your ability to interact in a classroom setting?

(b) How does it affect your ability to successfully complete assignments, projects, or exams?

3. (a) In the past, what accommodations have helped you?

(b) What accommodations haven't helped you?



VI. DOCUMENTATION

Please indicate what type of documentation you will be providing:

- Documentation from a physician/therapist or other qualified professional**
If so, please have this person fill out the Schiller International University Qualified Professional Documentation form and return this with your paperwork.

- Special Education or 504 Plan documentation**
If using this type of documentation, please provide a copy of the most recent special education or 504 evaluation that includes assessment data, as well as your most recent IEP or 504 Plan.

VII. WRITTEN REQUEST

What accommodations are you requesting be provided by Schiller International University?

| Accommodation | Why do you need this accommodation? |
|---------------|-------------------------------------|
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Student Signature: _____ Date: _____

**PLEASE DELIVER THIS COMPLETED FORM AND DOCUMENTATION
TO: ACADEMIC ADVISOR
Schiller International University**