STUDENT REQUEST FOR ACCOMMODATION FORM

Grantham University is committed to compliance with the Americans with Disabilities Act of 1990, Section 504 of the Rehabilitation Act of 1973, as amended, and state and local requirements regarding students with disabilities. In support of this commitment, Grantham University will provide reasonable accommodations to qualified students with disabilities. A qualified student is defined as one whom, with or without reasonable accommodations, is able to perform the essential functions of program or course requirements.

Students seeking reasonable accommodations must submit a completed Student Request for Accommodation Form (Request) along with **appropriate documentation** of the disability to the ADA Administrator of Grantham University. Appropriate documentation of the disability should be current (within the last five years) and must be prepared by a qualified healthcare provider. **The documentation should describe the diagnosis, limitations and recommended accommodations.**

Upon receipt of a student’s Request and appropriate documentation, the ADA Administrator will review the submitted materials and, in consultation with the student, faculty and relevant staff, develop a Plan for Accommodation (Plan). Each Plan is developed on a case-by-case basis, dependent upon the nature of the disability and the student’s needs. Final responsibility for selection of the most appropriate Plan rests with the ADA Administrator. The Plan will not be applied retroactively and a period of time may be required for Grantham University to acquire resources to implement the Plan. Therefore, students should begin the accommodation request process in advance of starting a course for which accommodations will be necessary. Students may email the ADA Administrator at [accommodations@grantham.edu](mailto:accommodations@grantham.edu) for guidance.

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| **Student Name:** | **Date of Request:** |
| **Student ID#:** | **Degree Program:** |
| **Telephone:** | **Email:** |
| **Describe the diagnosis or nature of your disability:** | |
| **List the accommodation(s) you are requesting:** | |
| **Is the accommodation(s) you are requesting for a specific course(s) or your entire degree program?**  **Specific Course(s)**   **Entire Degree Program** | |
| **If for a specific course(s), please list the course(s):** | |

**By signing this document I give my permission for the ADA Administrator to disclose information related to my disability and/or Plan to school officials, including faculty, who have a legitimate educational interest in knowing this information.**

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**Student Signature**  **Date**

**NOTE: All requests for digital copies of books and other copyrighted materials will require submission to the bookstore proof of purchase of the original material prior to the transmission of digital copies.**

**PLEASE SUBMIT THIS FORM WITH DOCUMENTATION TO:** [**accommodations@grantham.edu**](mailto:accommodations@grantham.edu)**, or to:**

**ADA Administrator, Grantham University, 16025 W. 13th Street, Lenexa, KS 66219**

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| FOR OFFICE USE ONLY:  Date Request received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date documentation received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  □ Request Approved  Description of Plan: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_□ Request Denied  Reason for denial:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ADA Administrator Date |
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