FORM 101

Request for Academic Accommodations
for Students with Disabilities Services Application

This form is to be completed by the student requesting the accommodations. Please print or type.

**General Information**

Name:

Address:

Telephone number(s):

ONU email address (Current Student)/Alternative Email address(Incoming Student):

**Information Regarding Student’s Disability:**

1) When was the disability identified and diagnosis.

2) Please describe the nature and severity of your disability, specifically including diagnosis and restrictions and/or limitations. If disability status is based on more than one substantially limiting impairment, please include all required information relating to such impairments in your response.
3) Describe how the disability will, or is expected to, affect your ability to complete examinations under the University standard testing conditions and/or succeed in an academic setting.

4) What special accommodations are being requested?

Previous Accommodations

1) Have you received special accommodations for an standardized tests, including, but not limited to, the SAT and ACT, or other examinations?

   If the answer is yes, what accommodations were permitted?

2) If you have not requested examination accommodations for past tests please explain why.
Required Documentation

1) It is your responsibility to contact the appropriate health care professional(s) and have them provide Ohio Northern University with appropriate documentation regarding your disability. Form 102 describes the documentation required in order for accommodations to be considered, if academic accommodations were not received in high school.

2) List the name, address, email address, and telephone number of each qualified healthcare professional who Ohio Northern University can expect to receive documentation from regarding your disability.

I understand that my request for accommodations must be submitted to the Disability Services office as soon as possible, preferably before the start of the academic term, and that reasonable accommodation is necessarily implemented prospectively and only once documentation deemed adequate is received by the University. The required documentation to be submitted must include:

1) A completed and signed Request for Academic Accommodations (Form 101)
2) Documentation about my disability and requested accommodations from a qualified healthcare professional, as described in Required Documentation for Accommodations (Form 102)
3) A completed and Signed Authorization to Share Information (Form 103)

I understand that it is my responsibility to ensure that all forms are submitted by the deadline and that each form has been completed in its entirety, including any records or additional information that is required to be attached to that form. I understand that my college of enrollment may reject for consideration any request that is incomplete or not submitted in a timely fashion or which is deemed inappropriate.

________________________________________
Signature of Applicant

________________________________________
Date