

## **Request for Accommodations for Disabilities Application (RADA)**

Name:	Date:	
Student ID: Email Address:		
Current Address:		
Number, Street	Apt. Number/Residence Hall	
City/State/Zip:		
Phone Number (Cell):	Date of Birth:	
Program Information:		
College of Dental Medicine	College of Podiatric Medicine (AZ)	
College of Graduate Studies	College of Pharmacy	
College of Health Science	College of Veterinary Medicine (AZ)	
College of Optometry	Online Programs	
College of Osteopathic Medicine		
Year and quarter you began or will begin at Midwestern University :		
Expected date of graduation:		
Please indicate disability status:		
Permanent Temporary	Long term temporary (Longer than 6 months)	
Please identify your disability or disabilities. It is helpful to describe how your disability or disabilities affect you as a student. Primary:		
Secondary:		
Tertiary:		
Please describe how your disability affects you as a student relative to your program?		

## (PLEASE FINISH FILLING OUT THE REST OF THE FORM)

Date Received in Student Services Office:

ls your disability constant o	r does it fluctuate?	
Constant	Fluctuate	
Are the limitations associated with your disability(s) constant, or do they fluctuate?		
Constant	Fluctuate	
If the impact of your disability fluctuates, what factors impact the change?		
If your limitations fluctuate, what factors impact the change?		
If your disability or limitations fluctuate, do your requested accommodations account for these variables?		
Yes	No	
Please identify the accommodations and/or services you are requesting:   Extra time on written practical exams   Extra time on timed examinations and/or quizzes   Extra time on in-class assignments   Provisions to take examinations and/or quizzes in a reduced-distraction room   Bathroom breaks   Audiotape recording of lectures		
Notetaker services		
Amplification device		
Signer/translator		
Front row access in classes with assigned seating		
Other accommodations will be considered as presented, specify:		
A note on reduced-distracti	on room testing environment	

## A reduced-distraction room does not mean that the room will be completely silent, only that there will be less distractions than those found in a normal testing environment. There will be environmental noise. If you are very sensitive to environmental noise, you should consider wearing a noise reduction device such as ear plugs. The reduced-distraction environment may be within the Testing Center, or at some other location determined by the course director. There may be other students in the room with you.

I understand that all approvals for accommodations, including initial and subsequent requests, are handled exclusively by Student Services and therefore I will submit all requests for accommodations to Student Services for approval in accordance with policy and procedure.

(Initials) I understand that after accommodations are approved by Student Services, Student Services will notify my program only of the accommodations that have been approved and I am responsible for informing the program, including course directors, of when and/or how I want to use the approved accommodations. I will notify my program or course instructor as far in advance as possible. I understand that accommodations are not retroactive.

(Initials)

I understand that I will not discuss with my program or course directors my disability(s) or limitations, including any fluctuations. If I require additional or modified accommodations, I will work exclusively with Student Services.

(Initials)

I understand that modifications afforded by my program, including those found in a course catalog or syllabus, are available to all students regardless of disability status and the granting or denying of those modifications do not consider your disability and do not constitute an accommodation or denial of an accommodation.

(Initials)

Signature of Student

Date