

# Midwestern University

Office of the Dean of Students

*Downers Grove Campus*

555 31st Street, Downers Grove, Illinois 60515

Phone (630) 515-6470, Fax(630) 515-6174

*Glendale Campus*

19555 N. 59<sup>th</sup> Avenue, Glendale, AZ 85308

Phone (623) 572-3357, Fax (623) 572-3287

## Request for Accommodations for Disabilities Application (RADA)<sup>1</sup>

Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Current Address: \_\_\_\_\_  
Number, Street Apt. Number/Residence Hall

City/State/Zip: \_\_\_\_\_

Permanent Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Campus Permanent

Program Information: \_\_\_\_ Admitted Student \_\_\_\_ Matriculated Student

\_\_\_\_ AZCOM (DO)

\_\_\_\_ CDMA (Dental)

\_\_\_\_ AZCOPT (Optometry)

**CHS (College of Health Sciences):**

\_\_\_\_ Biomedical Sciences Program (MA)

\_\_\_\_ Biomedical Sciences Program (MBS)

\_\_\_\_ Cardiovascular Sciences Program

\_\_\_\_ Clinical Psychology Program

\_\_\_\_ Nurse Anesthesia Program

\_\_\_\_ Occupational Therapy Program

\_\_\_\_ Physical Therapy Program

\_\_\_\_ Physician Assistant Program

\_\_\_\_ Podiatric Medicine Program

\_\_\_\_ Speech-Language Pathology Program \_\_\_\_ **Veterinary Medicine**

Year and quarter you began or will begin at MWU: \_\_\_\_\_

Expected Date of Graduation: \_\_\_\_\_

\*\*\*\*\*PLEASE COMPLETE REVERSE SIDE\*\*\*\*\*

OFFICE USE ONLY

RADA (cont'd.)

Please identify your disability or disabilities. It is helpful to describe how your disability or disabilities affect you as a student.

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\_\_\_\_\_

Please indicated which what accommodations and/or services you are requesting:

- \_\_\_\_ 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\*
- \_\_\_\_ audiotape recording of lectures
- \_\_\_\_ amplification device
- \_\_\_\_ signer/translator
- \_\_\_\_ front row access in classes with assigned seating
- \_\_\_\_ other accommodations will be considered as presented, specify: \_\_\_\_\_

*\*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.*

Per the Disability Policy in the Student Handbook, I understand that students receiving accommodations for a disability “have the responsibility to advocate for their own individual needs and to seek information, counsel, and assistance as necessary, and within reason, to be effective self-advocates.”

I understand that it is my responsibility to notify faculty and staff promptly if my accommodations are not adequate, and to request modifications from the Disability Committee. I also understand that I will not be granted accommodations that are not supported by the documentation I have submitted from my health care provider, do not meet the standard of a reasonable accommodation, or which cause the University undue hardship or require fundamental alteration of academic standards.

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date

Please submit completed forms and supporting documentation to:  
Office of the Dean of Students  
630-515-6470, Downers Grove  
623-572-3210, Glendale Campus