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3HSSHUGLQH \$FFHVLELOLW\)RUP \$GGHQGX
 +RXVLQJ DQG (6\$ \$FFRPPRGDWLRQ

Noteto student: Please do not complete this form --it must be completed by your treating clinician.

3HSSHUGLQH 8QLYHUVLW\ SODFHV D KLJK YDOXH RQ FROOHJLDWH
 \HDQGXHUJLWV DQG H[SHFWHG WR VKDUH D E
 QDYLJDWH URRPPDWH UHG DWLRQ PLS VVWX & QGWV WDDYH QRW V
 SULRU WR HQURDOW JLQDFRGLFJHWHG WHDP RI UHVLGHQFH OL
 SURJUDPPLQJ DQGHWLSHQW FRRPWHU

\$OWHUQDWH KRXVLQJ UHTXHVWV DUH QRW DOZD\ WKH EHVW R
 KRVLQJ VLWXDWLRQ 7KH 3HSSHUGLQH &RXQVHOLQJ &HQWHU +
 6HDYHU 6WXGHQW 6FRXVLF &HQWHU KDDYHUNVKRSV UHJDUGLQJ
 SUREOHP VROYLQJ VNLOOV DFDGHPLF FRDFKLQJ DQG VWXG\ KD
 VWXGHQWV LQ FRPPXQLWV DYLDOO 3000 VHQ DFFRPPRGDWLRQV

+HDOWK &DUH 3URYLGHU ,QIRUPDWLRQ

Name: Title:
 License#: Specialty:
 Address:
 Phone: Fax:

0HGLFDO ,QIRUPDWLRQV \RXU ILUVW WLPV VHHLQJ WKLV SDWLH
 LI DYDLODEOH LQ RUGHU WR SURYLGH WKH IROORZLQJ LQIRUPD
 FDUH SK\VLFLDQ SURYLGH WKLV LQIRUPDWLRQ
 7KH IROORZLQJ TXHVWLRQV DUH WR EH DQVZHUHG E\ WKH TXDO

&OLQLFDO 0HGLFDO 3URYLGHU V 6LJQDWXU

' R H V W K H V W X G H Q W U H T X L U H D G D S W L Y H

If you feel that you are unable to recommend any specific accommodations as requested above, please
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