

Submitted for:  Fall 2019  
 Summer 2019  
 Spring 2020

## ACADEMIC ACCOMODATION REQUEST PROCESS

In compliance with section 504 of the Rehabilitation Act of 1973, as Amended, and with the Americans with Disabilities Act of 1990 (ADA), Mercyhurst University recognizes that qualified individuals who have diagnosed or identified learning, physical, or emotional disabilities are entitled to the same benefits from the educational programs of the college as nondisabled students. Mercyhurst University is committed to providing reasonable accommodations to qualified individuals with disabilities, unless that accommodation imposes undue hardship or burden or would not alleviate a direct threat to the student or others. The Director of Equal Opportunity Programs and the individual will work together to negotiate and ensure appropriate accommodations that will work for the student. Cost associated with diagnosis, evaluation, and testing is the responsibility of the student. The office also makes assistance available to individuals experiencing short-term illness or physical injury.

Mercyhurst University has the right to: deny a request for accommodations, academic adjustments, and/or auxiliary aids and services if the documentation demonstrates that the request is not warranted, or if the individual fails to provide appropriate documentation.

You must provide a copy of the medical documentation and any recommendations about necessary accommodations that are included. If the assessment does not provide the necessary information with which to determine accommodations or if the assessment is more than three years old, a member of the ADA Committee may ask the student for additional assessment. Documentation should include:

- Diagnostic statement identifying the disability and date of diagnosis
- Description of the diagnostic methodology used to identify the specific disability
- Description of the student's current functional limitations in relation to academic performance
- Recommendations for accommodations that will address those functional limitations
- Description of the expected progression and/or stability of the disability

Students with temporary impairments (e.g. broken arm or knee surgery) can contact the Academic Support and Learning Differences Office with any questions or concerns. Depending on the nature of the impairment, the student may be able to receive some form of assistance.

A student may appeal the decision of the ADA committee. The Director of Equal Opportunity Programs will provide information on the appeal process. We will make every effort to address appeals in a timely manner.

Please direct inquires and questions to Alice Agnew, Director of Equal Opportunity Programs, 814-824-2362 or [aagnew@mercyhurst.edu](mailto:aagnew@mercyhurst.edu).

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**PLEASE PRINT CLEARLY.** To be completed by the student.

**I.** Name in Full: \_\_\_\_\_  
 Home Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Student Cell Phone: \_\_\_\_\_

1. What is the nature of your disability? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

2. Do you have documentation concerning the disability? (Please attach to this form.) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

3. What type(s) of accommodations are you requesting? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

I understand the Federal Education Rights and Privacy Act of 1974, and I indicate below the individual(s) with whom I authorize Mercyhurst University to discuss this accommodation.

Name: _____	Relationship: _____	Telephone: _____
Name: _____	Relationship: _____	Telephone: _____

I also understand that I may revoke this consent at any time (via written request) except to the extent that action has already been taken upon this release.  
 The information I have provided is accurate to the best of my knowledge. By signing, I give consent for Mercyhurst University to contact my treating professional for additional information as needed. I understand this information I have provided will be reviewed and placed in my permanent file.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR OFFICE USE**

Date all documentation received: \_\_\_\_\_

Does documentation support existence of a disability?  Yes  No

Is a reasonable accommodation necessary to accommodate the disability?  Yes  No

What is the specific accommodation the University will make? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Return this form to:**

Director of Equal Opportunity Programs • Mercyhurst University • Attn: Alice Agnew • 300 Old Main • 501 East 38th Street • Erie, PA 16546 • Phone: x2362, Fax: x3063