



Accommodation Notification and Student Acknowledgment Form

Name _____

Phone _____ Address _____

City _____ State _____

Country _____ Zip Code _____

Nature of disability and functional limitations resulting from it:

Semester you plan to enroll: _____ Year: _____

Program in which you are enrolling _____

Please indicate the type of accommodations you are requesting.
Describe the documentation you intend to provide to support your
request for accommodation and attach to this form, if available.

Student Acknowledgment of Responsibility for Services

As a student eligible for accommodations, I understand that I also have certain responsibilities. I will do my part in meeting these responsibilities so that appropriate accommodations may be arranged.

1. Register for courses at least 2 weeks before the semester begins as it takes 2 weeks to put accommodations into place. If I register within 2 weeks of the semester beginning, I understand that my accommodations may not be ready prior to the first night of class. I am aware that if I register after classes begin I will need to complete my course without my accommodations until my accommodations are ready.
2. Discuss with my instructors any approved accommodations that I will be utilizing in their classes, if it is necessary to do so in order to implement these accommodations.

3. Comply with the School's policies regarding class attendance.
4. Arrange an appointment to meet with Disability and Accessibility Support Services if I have questions or concerns related to my accommodations(s) or disabilities.
5. Coordinate with my instructor and Disability and Accessibility Support Services, well in advance of the test date, the testing site, dates and times of any testing to be proctored. Be on time for all pre-arranged testing or call a day in advance if I am unable to keep a scheduled appointment.
6. Arrive on time for all meetings with my tutor, interpreter, aide, or scribe, or make prior arrangements in advance if I am to be late or absent.
7. Contact Disability and Accessibility Support Services if I am having a problem with my approved accommodations and I understand that I am strongly encouraged to meet with Disability and Accessibility Support Services to review the effectiveness of accommodations and to request accommodations for future semesters. Accommodations are not retroactive.

By typing in my name and date below, I acknowledge I have read the form, understand it, and I am aware of my responsibilities under it.

Student

Date

Walsh College does not discriminate on the grounds of race, color, religion, national origin, sex, age or disability in the administration of any of its educational programs, activities or with respect to admission and employment.

Please send the completed form to Disability and Accessibility Support Services via scan/email to supportservices@walshcollege.edu