

Accommodation Request Form
Washburn University
Office of University Diversity & Inclusion
1700 College Ave Topeka, KS 66621 (785) 670-1629

Instructions: The student should complete Pages 1-2, and your health-care/ medical provider should complete Pages 3-5. The form should be returned to the Office of University Diversity and Inclusion.

Student completes this section:

Student name: _____
(Last) (First) (Middle)

Birth date: _____ Gender: Male\Female\Non-Binary: _____

What semester are accommodations needed? _____

Permanent address: _____

Permanent phone #: _____

Local address: _____

Local phone #: _____ WU E-mail address: _____

WU Advisor _____ VOC/REHAB Counselor: _____

Counselor Number: _____ Counselor Address: _____

Degree Plan:

Undergraduate: _____ Graduate: _____

Major: _____ Minor _____

For students requesting recording lectures please check this box to acknowledge recording limitations and responsibility.

I understand that if I receive approval to record lectures as an accommodation, recordings, in any learning format (in-classroom, remote, or online), lectures and other materials created by instructors remain their intellectual property and must not be shared, copied, or disseminated without the author's written permission. Any recordings of lectures or classroom experiences are to be used solely for the information or experience provided and are not be shared, copied, or disseminated without the written permission of everyone shown or heard in the recording. I understand that once there is no longer a need for the recordings, (end of semester, completion of exams etc.) all of the class recordings will be deleted.

Student's Name

Student's Signature

Date

OFFICE USE ONLY:

Received: _____

Not Approved: _____

Approved: _____

Contact Residential Life: _____

Student Notified: _____

Faculty Notified _____

Student Request Page 2, Accommodation Type

For Semester _____ Year _____

Please choose the type of accommodations in sections 1-6 below

1. Academic Accommodations (check all that apply)

- Permission to Tape Record Lectures
- In-Class Notetaker
- Sign Language Interpreter
- Real-Time Captioning
- Large Print
- Accessible Classroom
- Table and Chair in Classroom
- Assistive Technology
- Flexibility with due dates
- Flexibility in attendance/excused absences
- Textbooks in Alternate Format (Must provide an Alternate Format Form for each textbook 3-4 weeks in advance of your need)

2. Other Academic Accommodation (please specify):

3. Course Waiver/Substitution Request (Please attach letter specifically detailing the need for a Waiver/Substitution in addition to medical form.)

4. Test Accommodations:

- Extended Test Time
- Distraction-Reduced Environment
- Test Reader
- Test Scribe
- Other

5. Accessible Residential Living

Request: _____
Building: _____

6. Emotional Support Animal (Request for Approval)

Building: _____
Type of Animal: _____
Service Provided: _____

7. Meal Plan Exemption Indicate Reason for Exemption. Attach additional sheet if needed to explain
