



Office of the Registrar
600 Maryland Avenue SW, Suite 330
Washington, DC 20024-2520
Phone: 202.314.3349
Fax: 202.479.2501
Email: registrar@graduateschool.edu
www.graduateschool.edu

SPECIAL ACCOMMODATION REQUEST FORM

Federal Law prohibits the Special Accommodations Coordinator from making pre-admission inquiries about disabilities. The Special Accommodations Coordinator has been designated by Graduate School USA to assist students with disabilities. In order to provide this assistance it is necessary for students with disabilities to identify themselves in a timely manner, minimally one month before the student registers for class. Please remember that any information you provide is strictly voluntary and will be kept confidential. Documentation must not be more than three (3) years old.

Students requesting services are responsible for providing current documentation from a qualified professional verifying the disability and its impact on the learning experience or academic performance. New students are encouraged to contact the Special Accommodations Coordinator at least one month prior to registration.

In order to facilitate your learning experience at Graduate School USA, we ask for you to complete the following information and return this form along with proper disability documentation to the Special Accommodations Coordinator.

Please complete the following:

Name: _____ SSN#: _____
(Last Name, First Name, Middle Initial)

Address: _____
Street/P.O. Box City State Zip Code

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Date of Birth: _____ *Sex: ___ Male ___ Female *Ethnicity: _____

Email Address: _____ Program of Study: _____

Have you requested Disability Services in the past? ___ Yes ___ No

If so, when? _____

* For statistical purposes only

Please answer by checking the appropriate response:

Do you have a disability that substantially limits one or more major life activities? ____ Yes ____ No

What is the nature of the disability? (Check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Deafness () ASL () ENG () PSE | <input type="checkbox"/> Hard of Hearing |
| <input type="checkbox"/> Blindness | <input type="checkbox"/> Visual Impairment |
| <input type="checkbox"/> Mobility Impairment | <input type="checkbox"/> Learning Disability |
| <input type="checkbox"/> Traumatic Brain Injury | <input type="checkbox"/> Attention Deficit Disorder |
| <input type="checkbox"/> Medical | <input type="checkbox"/> Psychiatric |
| <input type="checkbox"/> Temporary | <input type="checkbox"/> CART Transcriber |
| <input type="checkbox"/> Note Taker | <input type="checkbox"/> Other: |

What major life activity is involved? (Check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Reading | <input type="checkbox"/> Writing |
| <input type="checkbox"/> Talking/Speech | <input type="checkbox"/> Walking |
| <input type="checkbox"/> Math | <input type="checkbox"/> Climbing stairs |
| <input type="checkbox"/> Physical activities | <input type="checkbox"/> Other: _____ |

How does this disability affect you in an educational setting?

Please submit this completed form along with supportive documentation to:

Special Accommodations Coordinator, Graduate School USA, 600 Maryland Avenue SW, Suite 330, Washington, DC 20024. The Special Accommodations Coordinator may be reached at (202) 314-3349 and by TDD at (888) 744-2717.

Please read and sign below:

It is the student's responsibility to make a disability known and to provide proper documentation from an appropriate professional describing a diagnosis, limitations, and recommended academic adjustments and/or auxiliary aids.

It is the student's responsibility to request services in advance each semester.

It is the student's responsibility to keep instructors and Special Accommodations Coordinator informed of implementation and effectiveness of an academic adjustment and/or auxiliary aid.

The student understands that academic adjustments and/or auxiliary aids are not automatically granted.

Students registered with special accommodations must adhere to student behavior guidelines outlined by the Graduate School USA, Academic and Evening Programs, and Student Handbook.

My signature below certifies that the information provided is accurate and acknowledges that I am fully aware of my responsibilities as it relates to my Special Accommodation Services request. My failure to follow these guidelines may result in a delay or interruption of services.

Student's Signature

Date

If you are registering for a course, please provide the information below:

Course Title:	Course Code:	Start Date:
Course Location:		
Course Title:	Course Code:	Start Date:
Course Location:		
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Course Location:		
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Course Location:		
Course Title:	Course Code:	Start Date:
Course Location:		

Graduate School USA is committed to equality of educational opportunity and does not discriminate against applicants, students, or employers based on race, color, national origin, religion, sex, or disability.