

Office for Students with Disabilities

Academic Program Accommodation Form

The Office for Students with Disabilities in consultation with Program faculty have met to discuss if a valid reason has been identified that will support a modification within an academic program.

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| **Student Name:** | **CIN:** |
| **Department:** | **Course:** |
| **Date:** | **Quarter:** |

1. The Office for Students with Disabilities in consultation with Program faculty ***have agreed*** on the following accommodation(s), academic adjustment or aid:

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1. Academic Program ***does not agree*** with the academic adjustment after consultation with the Office for Students with Disabilities, based on one or more of the following reasons: (1) fundamentally alters the program of instruction, or (2) negates a direct licensing requirement or otherwise (3) negates a requirement essential to the program. Please use the space below for your response.

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**First Level Review**

Program accommodation approval or non-approval completed and reviewed by:

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

OSD Director Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title:       Date:

Academic Program Reviewer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title:       Date:

**Second Level Review**

A meeting must be convened for a second level review by the College Dean within 7 business days. The meeting will include the College Dean, Program faculty and the Director of the Office for Students with Disabilities. The determination will be forwarded to The Dean for Student Life and the College Dean for implementation. Program accommodation approval or non-approval completed and reviewed by:

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

OSD Director Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:

College Dean: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:

Vice President for Student Life: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: