



Disability & Accessibility Support Services

Request for Accommodation Form

Name. _____
First Middle Last

UDMID# _____ Birthdate: _____

_____ Street Address City/State/Zip

Home Phone: () _____ Cell Phone () _____

UDM Email address _____

- Ethnic Origin (optional):**
- | | |
|---------------------------------------------------------------|------------------------------------------------|
| <input type="checkbox"/> 1. American Indian or Alaskan Native | <input type="checkbox"/> 4. Hispanic |
| <input type="checkbox"/> 2. Asian or Pacific Islander | <input type="checkbox"/> 5. White Non-Hispanic |
| <input type="checkbox"/> 3. Black Non-Hispanic | <input type="checkbox"/> 6. Other |

- Academic Status:**
 Please Check all that apply
- | | | |
|----------------------------------------------|----------------------------------------------------|------------------------------------------------|
| <input type="checkbox"/> New Student | <input type="checkbox"/> Current/Returning Student | <input type="checkbox"/> Transfer Student |
| <input type="checkbox"/> First-year Freshman | <input type="checkbox"/> Undergraduate | <input type="checkbox"/> Graduate/Professional |

Academic Major or Program: _____

Describe primary disability: _____

Describe other disabilities: _____

Do you currently have documentation of your disability that meets the guidelines for documentation? (see: <http://www.udmercy.edu/uas/disability-support/disability-support-guidelines/index.htm>)

Yes No

If no, are you in the process of being evaluated and/or seeking appropriate documentation of your disability?

Yes No

Have you previously received academic or other accommodations at another institution (high school or college)? Yes No

If yes, please describe the accommodations you received, and where you received them.

What type of accommodations are you requesting at UDM?

- Extra time for Testing with an Alternative Test Site
- Use of a Note taker
- Alternate format textbooks: Audio Digital Other _ _ _ _ _
- Reader/Scribe
- Sign Language Interpreter
- CART or other transcription services

- Housing Accommodations, including Emotional Support Animal (NOTE: additional application form required)
- Other (please describe)

I hereby request accommodations from the Disability Support Services Office at University of Detroit Mercy:

- I understand that in order to receive accommodations I must have a disability that substantially limits one or more major life activities.
- I understand that reasonable and appropriate accommodations will be based on the information/documentation provided by a licensed medical or clinical professional.
- I understand that notifications to faculty are not automatic, and ***that I must contact the Director of Disability Support Services every semester to request my accommodations.***
- I understand that services of a personal nature, such as a personal aide or tutor, or individually prescribed devices, such as wheelchairs, personal computers, or other technology, are my responsibility, and will not be provided by the Disability Support Services Office.

Student's Signature _____ **Date** _____

Please return to:
Laura M. Bagdady, M.A.
Asst. Director, DSS
University of Detroit Mercy
Library - Room 319
4001 W. McNichols Rd.
Detroit, MI 48221

Phone: (313) 993-1158
Email: bagdadlm@udmercy.edu
Fax: 313-578-0342

