Gettysburg College
Student Academic Accommodation Request Form

Name: ____________________________  Class: __________ Date:___________

ID#:___________________________

Please Note: You may provide a typed copy of your answers to the following
questions: 

1) a. Do you have a physical (medical, sensory, mobility) disability?  YES  NO
   b. Do you have a learning disability?  YES  NO
   c. Do you have ADHD?  YES  NO
   d. Do you have a neurological or psychiatric disability?  YES  NO
   e. Are you receiving services from a state vocational rehabilitation agency?  YES  NO

If you responded yes to letter E, please indicate the state in which you are receiving service.

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DOCUMENTATION GUIDELINES: All students seeking accommodation for disabilities must
provide appropriate documentation of the disability including: formal diagnosis (DSM if
appropriate), testing results, and the rationale for the recommended accommodations. Please
see our HANDBOOK for further information about documentation.

2) Please describe your condition/disability.

ACADEMIC/CLASSROOM ACCOMMODATIONS

3) What were your most difficult courses in high school? Why?

4) Did you receive support services or accommodation in high school?  YES  NO
   If yes, describe:
5) What did you do in high school to make yourself successful?

6) What classroom accommodations do you wish to request at Gettysburg College? Why?

7) Please list any medications which might affect your learning.

Please choose one of the options below and sign your name. If you have questions, please contact the Office of Academic Advising.

a) I DO WISH the Office of Academic Advising to share information about my disability and recommendations for accommodation with my faculty advisor and instructors. I understand that I have the primary responsibility to share this information and that the Academic Advising Office will supplement the information I have already provided to my advisor and instructors when this is necessary or advisable.

________________________
Signature

b) At this time, I DO NOT WISH the Office of Academic Advising to share information about my disability and recommendations for accommodation with my faculty advisor and instructors. If I do not wish Academic Advising to share information, I can still receive an Individual Education Accommodation Plan which I may share with my faculty advisor and instructors but the Academic Advising office will not be able to share additional information about my disability and recommended accommodation with anyone.

________________________
Signature

Please return this form to:
Gettysburg College
Office of Academic Advising
300 North Washington St
Campus Box 414
Gettysburg, PA 17325

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