



UNIVERSITY OF THE WEST ACADEMIC ACCOMMODATIONS POLICES AND PROCEDURES

University of the West complies with the Rehabilitation Act (Section 504) and the Americans with Disabilities Act (ADA) by providing reasonable accommodations to qualified students.

Students seeking accommodations based on a disability must self-identify themselves to the Student Disability Services (SDS) Officer located in the Student Success Center. Students are required to provide current documentation (within the last 3 years) supporting their disability. Documentation should be submitted to the SDS Officer along with an accommodation request application. Please note that University of the West does not provide accommodation testing. The SDS Officer will meet with the student to discuss accommodations. Students will be notified, via written correspondence, of the outcome of their request.

Transferring Accommodations

Accommodations are not transferable. Students who receive approved accommodations for courses may not automatically use their approved accommodations from one course to another or for any future courses they may take. Students desiring to continue receiving approved accommodations for future courses must meet with the SDS Officer and reapply for accommodations.

Accommodations will be arranged as follows:

Accommodations must be approved by the SDS Officer. The SDS Officer will coordinate approved services with individual instructors. Throughout the term the SDS Officer will contact the student to check with the student to ensure that accommodations are effective and to make adjustments if necessary.



ACADEMIC ACCOMMODATIONS APPLICATION

Term: [] Fall [] Spring [] Summer 20__

Program: [] Buddhist Chaplaincy [] General Studies [] Level: [] Bachelors
[] Business [] Open Enrollment [] Masters
[] English [] Psychology [] Doctoral
[] ESL [] Religious Studies [] Certificate
[] ThD [] Non-Degree

Student's Name _____ Student ID _____

Permanent Address _____
Street City State Zip

Mailing Address _____
Street City State Zip

Phone () _____ - _____ TTD/Voice Message # () _____ - _____

E-mail _____ Advisor _____

Disability Status (check all that apply and provide description of disability)

- [] Permanent [] Temporary [] Physical Disability
[] visual [] hearing [] orthopedic [] neurological [] respiratory
[] Mental Disability [] specific learning disability [] psychological disorder
[] Other

Required Documentation: Current certification (within the past 3 years) of your disability must be submitted by a qualified professional. Documentation must be on official letter head. Documents provided on a doctor's prescription note pad will not be accepted. Students who have received accommodations at a previous institution within the past 3 years should also review the Authorization for Release of Student Information Form located on the last page of this document.

Name of Healthcare provider _____ Occupation _____
Agency _____ Phone () _____
Address _____
Street City State Zip

Academic accommodation(s) request: Please identify your anticipated academic needs

Please Print

- 1. _____
2. _____
3. _____

Verification Information

It may be necessary to contact a student's parents, legal guardian and/or health care professional during the verification process. Please indicate below whom we may contact on your behalf:

- You may contact my parents or legal guardian
- You may contact my healthcare professional
- Do not contact anyone on my behalf

By signing below I am acknowledging that I am allowing or not allowing the SDS Officer to contact those listed above. **I understand that this permission extends to the verification process *only*.**

Student Signature: _____

Date: _____

Disclosure Information

By completing and signing this application, the signer is voluntarily disclosing a disorder and requesting accommodations. Disclosure of a disorder at this time does not necessarily confirm eligibility status for services or accommodations. While the Student Success Center Disability Service will make every attempt to quickly review all requests for accommodations, the verification process may take several weeks or longer, depending upon the comprehensiveness and currency of the documentation submitted.

All information submitted to the SDS Officer is to be completely confidential and used only for the purposes of verification and in connection with UWest's commitment and obligation to students with disabilities.

By signing below, you confirm that you have read (or have had read to you) and understand this document.

Student Signature: _____

Date: _____

SDS Officer: _____

Date: _____



DISABILITY INFORMATION RELEASE

I, _____, give the Student Disability Services Officer
(Please print name)
permission to share information pertaining to my disability with the following persons:

- All faculty members of University of the West
- Specific faculty members only (as requested by me on an as-needed basis)
- Other college personnel (please indicate individuals):

- Other (please explain)

(Please note that the Student Disability Services Officer's supervisor, the Dean of Student Affairs, may be privy to the student's disability information)

Signature _____ Date _____



STUDENT ACCOMMODATIONS

AUTHORIZATION FOR RELEASE OF STUDENT INFORMATION

Please use this form if you received accommodations at another institution (**in the last three years**) to request that your disability documentations be sent to University of the West. University of the West reserves the right to request additional information if necessary.

I, _____, hereby authorize the release of information
(Please print name)

regarding my disability status to the Student Success Center Coordinator (servicing students with disabilities) at University of the West.

Please send information to:

Name of Professional to receive documents:	Keith Brown Ed.D. Student Success Center Coordinator
Organization:	University of the West Student Success Center Coordinator
Address:	1409 N Walnut Grove Avenue Rosemead, CA, 91770
Phone:	(626) 571-8811 ext377
Email:	keithb@uwest.edu

Student's Signature _____ Date _____