

REQUEST FOR ACCOMODATIONS FORM

Dongguk University Los Angeles (DULA) is committed to accommodating students with physical and learning disabilities. Accommodations and other support services are tailored to meet the needs of the individual student and are intended to comply with Section 504 of the Rehabilitation Act of 1973, and the Americans with Disabilities Act of 1990.

Students desiring academic support services for disabilities are required to submit documentation to verify eligibility under Section 504 of the Rehabilitation Act of 1974 and the Americans with Disabilities Act. All assessment reports will be kept confidential at disability services in compliance with the Family Educational Rights and Privacy Act (FERPA), and the professional and ethical standards of the Association on Higher Education and Disability (AHEAD).

Designated University Officer for Disability Services:

DULA Student Services Coordinator

440 Shatto Place, 2nd Floor, Los Angeles, CA 90020

213-487-0110 ext. 406 (Email: AC@dula.edu)

The term “disability” may include learning, physical, sensory, psychological, medical, and certain temporary disabilities. The University provides students with reasonable accommodations in accordance with the ADA/Section 504 and applicable state law. Students with disabilities may request academic accommodations; modifications to University policies, rules, and regulations; environmental adjustments such as the removal of architectural, communication, or transportation barriers; and auxiliary aids and services.

Registration for assistance from the student services coordinator is on a voluntary, self-identifying basis. However, services are only available after a student has registered and presents current documentation of the disability from an appropriate specialist or physician. All information and documentation are confidential. For more information about the DULA Disability Services policy, please refer to the DULA University Policy Handbook, which can be accessed in: <http://www.dula.edu/node/565>

STUDENT INFORMATION

Full Name: _____ Legal Name (if different): _____

Address:

Preferred Phone Number: _____ DULA Student ID: _____

Email Address: _____

Enrollment Status (choose that apply):

- Current MSOM Program Student ___ Active ___ On Leave of Absences
- Current DATM Program Student ___ Active ___ On Leave of Absences
- Current DAOM Program Student ___ Active ___ On Leave of Absences
- Non-matriculating Students ___ Active ___ On Leave of Absences
- Admitted into the program but undecided

DIAGNOSED DISABILITIES

Type of Disabilities	Specify
ADD / ADHD	
Hearing Impairment / Deaf	
Learning Disability	
Chronic Medical Condition	
Physical / Mobility	
Psychological	
Neurological	
Visual Impairment / Blind	
Other	
Temporary Condition	

FUNCTIONAL IMPACT

How does your disability impact your ability to complete coursework or another program requirement? (Use additional paper for more responses, if needed).

How does your disability impact your daily activities outside the classroom?

TREATMENTS AND SUPPORTS

Please list any medications that you currently take and any side effects that you experience.

Describe any special equipment, assistive technology, mobility aids or auxiliary aids that you use.

ACCOMMODATIONS

High School, College, University Accommodations Previously Approved	Used? (Select One)	Dates Received (mm/yy – mm/yy)
	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial	___ / ___ TO ___ / ___
	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial	___ / ___ TO ___ / ___
	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial	___ / ___ TO ___ / ___
	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial	___ / ___ TO ___ / ___
	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial	___ / ___ TO ___ / ___
	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial	___ / ___ TO ___ / ___
	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial	___ / ___ TO ___ / ___
	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial	___ / ___ TO ___ / ___

National Standardized Testing Accommodations	Approved Accommodations	Specify Accommodations
SAT	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
ACT	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
GRE	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
MCAT	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
COMLEX	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
USMLE	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
NCLEX	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
CALE	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
NCCAOM	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Others	Test Name: _____ <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Test Name: _____ <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Test Name: _____ <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Test Name: _____ <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Test Name: _____ <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	

TEMPORARY ACCOMODATION REQUESTS

If your accommodation requests are temporary, please complete the following:

Date of Onset of Impairment (MM/DD/YYYY): ____ / ____ / ____

Anticipated Duration: _____

Date of next follow-up medical appointment (MM/DD/YYYY): ____ / ____ / ____

REFERRALS

Were you referred to DULA Student Services Coordinator by DULA staff or faculty member? ___ YES ___ NO

If yes, enter the name, title and department of the referrer:

DOCUMENTATION

All accommodation requests must be supported by appropriate documentation completed by a qualified professional.

For the documentation requirements, please contact DULA Student Services Coordinator at AC@dula.edu or call (213)-487-0110 Ext. 406. DULA Policy for the Disability Services is published under DULA University Policy Handbook which can be accessed in: <http://www.dula.edu/node/565>

Accommodation requests cannot be considered until appropriate documentation is received by DULA Student Services Coordinator.

Documentation attached? ___ YES ___ NO

CERTIFICATION AND PERMISSION

Under the Family Educational Rights and Privacy Act (FERPA), the DULA may share information and communicate with appropriate University personnel on a need-to-know basis in order to facilitate the process of determining accommodation eligibility and/or implementation. In addition, DULA's evaluation may include review of your documentation by an external consultant engaged by the University. In limited circumstances, specific information may be required to be disclosed in order to protect individuals in an emergency or to comply with law and/or University policies and procedures. The information on this form may be used in aggregate form for reporting purposes.

I give permission for the DULA and its designated Disability Services staff and/or University professionals assisting DULA to speak with or request information from the treating professional who provided or will provide documentation (if not attached) to support my accommodation request(s) if needed to make an accommodation decision. I understand that this authorization is voluntary.

_____ YES _____ NO

If yes: This authorization will expire 180 days from the date on which I sign below. I understand that I may revoke this authorization at any time by providing written notice to DULA Designated Disability Services Staff.

Name of professional and contact information:

The DULA Designated Disability Services is not a "confidential resource" and may be required to report to appropriate University personnel situations in which a student expresses intent to harm self or others, and where a student discloses sexual harassment, assault or related violence.

I certify that the information entered on this form is accurate. I understand that my accommodation request(s) cannot be considered until appropriate documentation is

submitted. I understand DULA's use of the information on this form as stated above. If I responded affirmatively above, I am giving permission for my treating professional to be contacted, if necessary, to determine accommodation eligibility. I understand that DULA Designated Disability Services is not a confidential resource.

I understand that by typing my name below, it is the legal equivalent of my handwritten signature.

Signature:

_____ Date (MM/DD/YYYY): ____ / ____ / ____