

**RESEARCH COLLEGE OF NURSING
REQUEST FOR ADA TESTING ACCOMMODATIONS**

This is an initial request only. Appropriate documentation is required before your request will be considered.

Date of Request: _____

First Name: _____ MI: _____ Last Name: _____

Current Level: TBSN Jr: _____ TBSN Sr: _____ ABSN: _____ MSN: _____

Address: _____

Telephone: _____ Email: _____

Requesting Services for Year: _____ Semester: Fall _____ Spring _____ Summer _____

What is the nature of your disability?

What activities of daily living are affected by your disability?

Have you been granted accommodations in the past? Yes _____ No _____

If yes, please provide copies of documentation from past accommodations if available):

Institution granting accommodations: _____

Dates granted: _____

Description of accommodations previously granted: _____

Submit this completed form to the Research College of Nursing ADA Coordinator. You may email this form to the ADA Coordinator at: Lynnette.Siegel@ResearchCollege.edu

This is an initial request only. Appropriate documentation is required before your request will be considered. The ADA Coordinator will contact you for further processing of your request.