

# Accommodations Request Form



## Accommodations Request Form

This form is for students who wish to notify Kennedy University of Leadership of their disability and request accommodations to support their completing of the academic requirements of the University program.

## Student Details

**Full Name**

**Student Number**

**Course Title**

**Course Start Date**

## Disability Category

No Disability

Social/communication conditions such as a speech and language impairment or an autistic spectrum condition

Blind or have a visual impairment uncorrected by glasses

Deaf or have a hearing impairment

An impairment, health condition or learning difference not listed above

Long-term illness or health condition such as cancer, HIV, diabetes, chronic heart disease, or epilepsy

Mental health condition, challenge or disorder, such as depression, schizophrenia or anxiety

Learning difference such as dyslexia, dyspraxia or AD(H)D

Physical impairment (a condition that substantially limits one or more basic physical activities such as walking, climbing stairs, lifting or carrying)

Development condition that you have had since childhood which affects motor, cognitive, social and emotional skills, and speech and language



**How does your disability affect you academically?**

**How does your disability affect student life in general, like taking tests and studying?**

**What specific accommodations are you requesting?**

Please send your completed form accompanied by current documentation confirming your disability to the University Compliance Office via email to [compliance@kennedyu.org](mailto:compliance@kennedyu.org).

**Student Signature:**

**Date:**

*(Type in your initials)*