

# St. Luke's College

## Initial Academic Accommodation Request Form

Please submit this form and supporting documentation to  
Disability Services, Lewis Hall 120 or accommodations@morningside.edu

### Student Information

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Student ID #: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

U.S. Address: \_\_\_\_\_  
Street \_\_\_\_\_ Apt. \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Cell Phone: \_\_\_\_\_

### Academic Information

Major (s): \_\_\_\_\_

Semester/Year Started at St. Luke's College: \_\_\_\_\_

### Disability Information

How would you describe your disability (diagnosis, symptoms, impacts, etc.)?

When and how did you receive this diagnosis?

Do you take medication? If so, please list the medication and any side effects:

What would you identify to be areas of strength?

In what specific areas do you anticipate your disability(ies) posing limitations on your academic studies?

*As an institution of higher education, St. Luke's College provides high quality, health system-based education to individuals who desire to become competent and compassionate health care providers..*

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How are you affected by your disability(ies) as a student? Place an X in the corresponding column to indicate the level of impact it has on the following academic tasks:

Task	Mild	Moderate	Severe	Unknown
Listening				
Focus/Concentration				
Comprehension				
Taking Notes				
Speaking in Class				
Group Work				
Attendance				
Study Skills				
Time Constraints on Exams				
Deadlines				
Presentations				
Other:				
Other:				

What accommodations or tutorial services have you received in the past?

In what ways were they helpful or not helpful to you?

What accommodations are you requesting at St. Luke's College (include whether or not these are temporary accommodations)?

Is there anything else you would like to share regarding your request for academic accommodations?

St. Luke's College requires current and comprehensive written documentation of your disability from a licensed clinical professional or health care provider familiar with the history and significance of the functional limitations of your condition(s) on a major life activity. The professional must not be a relative or friend of yours or your family. The documentation should not be older than two years. Disability Services requires written documentation before requests for services or accommodations are considered.

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