

CONFIDENTIAL

LSUHSC School of Public Health Request for Reasonable Accommodations

To better serve new students at LSUHSC School of Public Health who have disability-related needs, early communication with the school is essential. Please complete and send this form to the Office of Academic Affairs upon your admission into an LSUHSC School of Public Health Program.

Last Name

First Name

Phone

Email

I will begin attending LSUHSC School of Public Health in

Fall

20

Spring

Summer

I have disability(ies) that will require reasonable accommodations.

I will provide the Associate Dean for Academic Affairs with a thorough report, signed and dated by an appropriately credentialed professional, that lists the:

- tests performed to determine my disability(ies);
- definition of my specific disability(ies); and
- accommodations required for me during my studies with the LSUHSC School of Public Health.

The Associate Dean for Academic Affairs will review this report and then provide me with a formal acknowledgement of my disability(ities), which lists the defined accommodations that must be provided to me by my course directors throughout my studies in the LSUHSC School of Public Affairs.

The purpose of submitting this form is to alert the Office of Admissions and Student Affairs and Dean for Academic Affairs of my need for accommodations and my understanding of the qualifying procedures.

Signature

Date

Met with Student Yes ___ No ___

Request Accepted: Yes ___ No ___