

HOLY CROSS COLLEGE

at Notre Dame, Indiana

Request for Accommodations Form

Name _____ Date _____
Address _____ Phone (____) _____
City _____ State _____ Zip _____

1. If you have been diagnosed as having a disability that requires special accommodations in an academic setting, please complete this **request form** for accommodations.
2. To qualify for accommodations, a copy of a **recent evaluation** (completed within the past three years) that documents necessary academic accommodations must be submitted.
3. **Prescribed recommendations** for accommodations should also be submitted with this form.
4. You must **meet with the Director of Counseling and Health at the beginning of each semester** in order for the accommodations to be sent to all of your professors.

Briefly describe the condition that qualifies you for accommodations:

Mark the following accommodations that you are requesting:

- Extended test time on exams and quizzes
- Minimal-distraction testing environment outside of classroom
- Use of student-owned word processor with spell checker for tests, writing assignments, taking notes, etc
- Use of four-function calculator
- Tape recording of classes by student
- Assistance with taking notes
- Large print on handouts and test materials
- Audio textbooks
- Wheelchair space

List additional accommodations that you are requesting:

I acknowledge that by requesting accommodations, I am authorizing the Director of Counseling and Health to contact and discuss information relevant to my recommended accommodations with faculty and staff who have a need to know. I understand that, as with all Holy Cross College activities, I am required to comply with the Student Conduct Code which "presumes a high moral character and an attitude of self-respect" and discourages "dishonesty such as cheating of all kinds [including]...knowingly furnishing false information to the College."

(Signature of Applicant)

(Date)

Thomas DeHorn • Director of Counseling and Health
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