



# HARVARD DIVISION OF CONTINUING EDUCATION

Harvard Extension School • Harvard Summer School

Academic Services • 51 Brattle Street, Cambridge, Massachusetts 02138-3722

(617) 998-9640 • fax: (617) 410-4069 • [accessibility@extension.harvard.edu](mailto:accessibility@extension.harvard.edu)

## Request for Accommodation

Requesting accommodations for students with disabilities is a three-step process: (1) initiation of request and provision of clinical documentation, (2) approval or denial of accommodations, and (3) notification of and acceptance by student. The accessibility services staff will work with you in considering reasonable accommodation of course materials, classrooms, and other aspects of university life. You are responsible for providing recent clinical documentation that supports your request for accommodation. The documentation should describe your disability, the accommodations you are requesting, and the reasons why these accommodations are necessary. Your request cannot be considered without this documentation. A separate form is needed for each course in which you are requesting accommodations. Information on this form is confidential and only shared with those who have a need to know it.

Request for: ☐ academic accommodation ☐ nonacademic accommodation

### Step 1. Initiation of Request (completed by the student)

STUDENT FULL LEGAL NAME (exactly as printed on your government-issued ID)		
Last/Family/Sur name(s)	First/Given name(s)	Middle name(s)
TERM	COURSE TITLE OR ACTIVITY	INSTRUCTOR/DIRECTOR

Indicate the accommodation you are requesting for this course/activity.

How will the requested accommodation help you with this course/activity?

Student signature \_\_\_\_\_ Date \_\_\_\_\_

*By my signature I give the accessibility services staff permission to speak with my physician or other qualified professional as necessary.*

### STEP 2. Disposition of Request (completed by the accessibility services coordinator)

### STEP 3. Notification of/Acceptance by Student

I acknowledge receipt of this response and I accept the accommodation(s). (If you do not accept the accommodation, please provide a written explanation.) I agree to notify the accessibility services coordinator if the approved accommodation is not provided or is unsatisfactory. I understand that the willingness or ability of the Division of Continuing Education to provide the accommodations listed above may change over time depending on the circumstances.

Student signature \_\_\_\_\_ Date \_\_\_\_\_

PRESENT ADDRESS (number, street, and apartment number)			
Street			
City		State/Province	Zip/Postal code
Country (if not US)	Daytime phone number (including area/country code)	Cell phone number (including area/country code)	
E-mail address (Must be student's personal and unique address. Please provide only one e-mail address.)			

[illegible]