



REQUEST FOR ACCOMMODATIONS FOR THE COMPREHENSIVE EXAMINATION

The CUA School of Library and Information Science strives to meet the needs of students who require accommodations in order to take the comprehensive exam. Use this form to indicate what accommodations you are requesting. Note that if accommodations are related to a physical disability or a learning disability, you must submit your request and supporting documentation to the university's Office of Disability Support Services (Pryzbła Center, Suite 207; 202-319-5211). **Return this form to the School of Library and Information Science, Office for Student Services, room 205 Marist Hall, 202-319-5085.** If you have questions, contact the School's Assistant Dean. Indicate the accommodations you are requesting and provide additional information as needed.

English as a Second Language: The usual accommodations for students for whom English is not their first language are extra time to take the exam and the use of a native language/English dictionary (provided by the student). First language must have been noted in application to the school.

_____ My first language is _____

Physical Disability: Recommendations for accommodations related to a physical disability are made by the CUA Office of Disability Support Services based on documentation provided by the student.

_____ I am requesting accommodations related to a physical disability

_____ I have already met with the Disability Support Services office and have provided the necessary documentation.

_____ I have scheduled an appointment with the Disability Support Services office on _____

_____ Accommodations may include: _____

Learning Disability: Recommendations for accommodations related to a learning disability are made by the CUA Office of Disability Support Services based on documentation provided by the student.

_____ I am requesting accommodation related to a learning disability

_____ I have already met with the Disability Support Services office and have provided the necessary documentation.

_____ I have scheduled an appointment with the Disability Support Services office on _____

_____ Accommodations may include: _____

Other Conditions: If accommodations are needed due to pregnancy, the effect of medication, or some other condition, check the appropriate box. For conditions related to health or medication (but not a learning or physical disability) attach a letter to the Assistant Dean from your doctor including a range of suggested accommodations.

_____ Health or medication-related condition

_____ Other

Name (Print): _____

Date: _____

Signature: _____

Student ID #: _____