

Request for Accommodations

Name _____ Date _____

NSU ID#: _____ Current Telephone: _____

Mailing
Address: _____

Email
Address: _____

Please check the description which best represents your disability:

- | | |
|---|---|
| <input type="checkbox"/> Visual impairment | <input type="checkbox"/> Medical/psychiatric disability |
| <input type="checkbox"/> Specific learning disability | <input type="checkbox"/> Speech impairment |
| <input type="checkbox"/> Hearing impairment | <input type="checkbox"/> Muscular – skeletal disability |
| <input type="checkbox"/> Other (please specify below) | |

Past accommodation(s) granted for your disability:

1) Were you granted testing accommodations for taking the SAT,LSAT,ACT,GRE, or GMAT examinations? ____ Yes ____ No

If yes, please specify which test(s) you took and describe the accommodation(s):

2) Did you receive additional time for any exams in college? ____ Yes ____ No
If yes, please specify which test(s) you took and describe the accommodation(s):

Accommodation(s) requesting (please be as specific as possible). If you require extra writing space, please do so on the back of this sheet . Documentation from a physician may be required.

Please include a recent (within 3 years) assessment from a physician including recommendations for accommodations. Once received, the documentation will be evaluated and the student will be notified of the results.

**This form and ALL supporting documents should be sent to:
NSU Law Center, 3305 College Avenue, Ft. Lauderdale, FL 33314
Attn: Jennifer McIntyre**