



UNIVERSITY OF ARKANSAS
FOR MEDICAL SCIENCES

STUDENT REQUEST FOR ACCOMMODATION

Personal Information
First Name:
Last Name:
Middle Name:
Optional - Preferred Name:
UAMS Student ID (seven digits): Click or tap here to enter text.

Contact Information
Cell Phone Number: ()
Land Line Phone Number: ()
UAMS Email Address:

Local Address
Address:
City:
State:
Zip:

Permanent Address <input type="checkbox"/> Same as Local Address
Address:
City:
State:
Zip:

Date of Request: Click or tap to enter a date.

Type of Request: (check all that apply):

- Physical
- Learning
- Temporary From: Click or tap to enter a date. To Click or tap to enter a date. **Accommodation Sought:**
- Initial Accommodation Request
- Increase in Accommodation Request
- Decrease in Accommodation Request

1. Please describe your primary disability:

- Attention Deficit Disorder
- Autism Spectrum Disorder
- Chronic Medical Condition
- Hearing
- Learning Disability
- Physical or Mobility
- Psychological
- Temporary Medical Condition
- Traumatic Brain Injury
- Vision
- I have not been formally diagnosed with a disabling condition

Additional Note or Comment

2. Any secondary disabilities?

- Attention Deficit Disorder
- Autism Spectrum Disorder
- Chronic Medical Condition
- Hearing
- Learning Disability
- Physical or Mobility
- Psychological
- Temporary Medical Condition
- Traumatic Brain Injury
- Vision
- I have no other disabilities

Additional Note or Comment

3. Describe the barriers you experience with regard to academics, access to facilities, or clinical rotations -

4. Describe the accommodations you are seeking at this time.

5. Describe any accommodations you have received in previous academic settings.

6. Please list all programs and the colleges in which you are enrolled:

I certify that the above information is true and accurate to the best of my knowledge.

Student Signature: _____ Date: _____

Return this form and all supporting documentation to:

Ms. Michelle Zengulis
Academic Affairs
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