

STUDENT REQUEST FOR ACCOMMODATION

First Name: Last Name: Middle Name: Optional - Preferred Name: UAMS Student ID (seven digits): Click or tap here to enter text.	Personal Information	
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 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 Learning Temporary From: Click or tap to enter a date. To Click or tap to enter a date. Accommodation Sought: Initial Accommodation Request	First Name:	
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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 previou	is academic settings.
6. Please list all programs and the colleges in which you are en	rolled:
I certify that the above information is true and accurate to the b	est of my knowledge.
Student Signature:	Date:
Return this form and all supporting documentation to:	

Ms. Michelle Zengulis Academic Affairs 4301 W. Markham St. #586 ED II / 2/109 Little Rock, AR 72205-7199 Office: 501-526-5641

mzengulis@uams.edu