

**LSU Health Sciences Center  
School of Allied Health Professions  
Request for Academic Accommodations**

Students who request and provide documentation regarding a disability are eligible for academic accommodations as appropriate.

**Program (circle one):** *CD CLS CPS MHS OMT OT PT RC RS*

**Name** \_\_\_\_\_ **SS#** \_\_\_\_\_

**Current Address** \_\_\_\_\_

**Telephone Numbers** \_\_\_\_\_

**Disability** \_\_\_\_\_

Do you receive services from Louisiana Rehabilitation Services (LRS)? Yes \_\_\_\_\_ No \_\_\_\_\_

What academic-related supports does LRS provide? \_\_\_\_\_

Give the name and phone number of your LRS counselor \_\_\_\_\_ Tel. (\_\_\_\_) \_\_\_\_\_

Please indicate accommodations needed:

- |   |   |
|---|---|
| <input type="checkbox"/> Extended time for at-home assignments          | <input type="checkbox"/> Ergonomic equipment (e.g. padded chair, arm rest)                |
| <input type="checkbox"/> Extended time to complete program              | <input type="checkbox"/> Auxiliary learning aids  |
| <input type="checkbox"/> Alternate Testing                              | <input type="checkbox"/> Enlarged Print <input type="checkbox"/> Scribe                   |
| <input type="checkbox"/> Extended time for in-class tests               | <input type="checkbox"/> Tape Recorder <input type="checkbox"/> Reader                    |
| <input type="checkbox"/> Low-distraction testing environment            | <input type="checkbox"/> Assistive listening devices <input type="checkbox"/> Interpreter |
| <input type="checkbox"/> Different medium (e.g., oral vs. written exam) | <input type="checkbox"/> Other _____  |
| <input type="checkbox"/> Preferential class seating                     |   |
| <input type="checkbox"/> Special Parking                                |   |

Note that some accommodations, e.g., audio taped textbooks/lectures, can not be made immediately available. Therefore, please make the request for accommodations as soon as the need is identified.

**Please check all that apply:**

- I am requesting disability-related academic accommodations based on the attached documentations of my disability.
- I am requesting disability-related academic accommodations and am in the process of obtaining documentation of my disability. I have requested this documentation be forwarded directly to the responsible person on my campus (see persons listed below).
- I am requesting permission to use my own accommodations.
- I am requesting that LSUHSC provide the needed accommodations.

\_\_\_\_\_  
**Student's Signature**

\_\_\_\_\_  
**Date**

Please send this completed form and documentation to:

Office of Student Affairs  
LSUHSC – School of Allied Health Professions  
1900 Gravier St., Box G6-2  
New Orleans, LA 70112-2262  
(504)568-4254