



## **Accommodation Request Form**

Division of Student Affairs

To request accommodations at WCM-Q, you must complete this form and submit documentation verifying your disability. See the Division of Student Affairs (SA) website to download specific verification forms for your disability type. Review of your request for accommodations will begin once this form and all additional documentation has been submitted to SA. SA will then contact you following the review of your documents to discuss your request and finalize a decision regarding your eligibility for accommodations.

We encourage students to meet with us to discuss your application, requested accommodations, and progress at WCM-Q. If you have questions or require additional information, please do not hesitate to contact SA at 4492 8518 or email us at [disabilityaccommodation@qatar-med.cornell.edu](mailto:disabilityaccommodation@qatar-med.cornell.edu).

The information requested below will assist SA to determine your eligibility for accommodations as well as the specific accommodations that are appropriate for your academic setting. Please note the information you provide in this form and additional documentation will be kept confidential within SA. In accordance with FERPA, SA student files are stored securely and are not released to anyone without the student's explicit written permission.

Please submit this form and all documentation via email to [disabilityaccommodation@qatar-med.cornell.edu](mailto:disabilityaccommodation@qatar-med.cornell.edu).

Today's Date: \_\_\_\_\_

### **I. PERSONAL INFORMATION**

Name: \_\_\_\_\_

Last

First

Student ID: \_\_\_\_\_ Mobile Number: \_\_\_\_\_

Email: \_\_\_\_\_@qatar-med.cornell.edu Best way to be contacted?  Phone (text or call?)  Email

Other, please specify: \_\_\_\_\_

Year in School (e.g., Fo, PM 1, PM 2, etc.): \_\_\_\_\_ (if summer, check the year you will be in the fall)

Start Date (Please specify the term or date when you would like services to begin): \_\_\_\_\_

### **II DISABILITY INFORMATION**

Specify the type of disability you have: \_\_\_\_\_

\_\_\_\_\_

If this request is due to a temporary injury/condition, please indicate expected duration:

\_\_\_\_\_

Please attach a separate page with specific responses to the following questions:

1. How does your disability affect you academically in the lecture or classroom setting?
2. How does your disability affect you with respect to exams?
3. How does your disability affect you with respect to your clinical or lab placement?
4. How does your disability affect you in your everyday life and daily activities?

### III. HISTORY OF ACCOMMODATIONS

If applicable, please provide information about your history of receiving accommodations. Please note, the history of accommodations or the lack thereof, does not guarantee nor exclude provision of accommodations at WCM-Q. If possible, please provide a letter confirming your accommodations at previous institutions.

Previous School(s) Attended	Dates Attended (From - To)	Approved Disability, Accommodations & Services

### IV. ACCOMMODATIONS REQUEST

Please specify what accommodations you are requesting. SA will consider your request in light of your disability, as described in your documentation and other information provided to SA, as well as the requirements of the academic program at WCM-Q.

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I understand it is my responsibility to provide disability documentation consistent with WCM-Q practices for documentation in order to establish eligibility for services through the Division of Student Affairs. In addition, I understand that the Disability Service Committee members will review the documentation submitted but this does not guarantee nor exclude provision of accommodations at WCM-Q. I further understand that review of my documentation is applicable only for providing services and accommodations at WCM-Q and may not be accepted by any other institution or agency.

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

\_\_\_\_\_  
Date

Received by: \_\_\_\_\_

Date: \_\_\_\_\_