

Florida Atlantic University Continuing Education Application for Accommodations *Student Accessibility Services*

Dear Student:

Requesting accommodations for students with disabilities must complete the following:

1. Complete this application for support services and submit with current documentation of the disability within two weeks of the program /course start date.
2. Your documentation will be assessed by a SAS Consultant to determine approval or denial of accommodations.
3. Notification of and acceptance of student. The SAS staff will work with you in considering reasonable accommodations of course materials, classrooms and any other aspect of campus life.

You are responsible for providing recent clinical documentation that supports your requests for accommodations. The documentation should describe your disability, the accommodations you are requesting and reasons why these accommodations are necessary. Your request cannot be considered without this documentation. Please return the *Application* and requested materials to the SAS office on the campus you are or will be attending:

Boca Campus:

Student Accessibility Services
Florida Atlantic University
777 Glades Road, SU 133
Boca Raton, FL 33431
tel: 561.297.3880
fax: 561.297.2184
tty: 711

Broward Campuses:

Student Accessibility Services
Florida Atlantic University
3200 College Avenue, LA 203
Davie, FL 33314
tel: 954.236.1222
fax: 954.236.1123
tty: 711

Jupiter Campus:

Student Accessibility Services
5353 Parkside Drive, SR 117
Jupiter, FL 33458
tel: 561.799.8585
fax: 561.799.8721
tty: 711

Students with disabilities are required to complete this form so that appropriate services can be considered. All information provided is kept confidential by the Student Accessibility Services.

Name _____ Date of Birth _____

Gender _____ Term _____

Phone Number _____ Email Address _____

Local Address:	Permanent Address:
_____	_____
_____	_____
_____	_____

Continuing Education Program /Course _____

What Program/Course are you planning on taking _____

When Does Program Begin _____ How long is the Program _____

Program/Course Contact Person _____

TYPE OF DISABILITY Check as many as apply and for which you are submitting documentation:

*(NOTE: You must submit documentation for **each** disability you check below before services can be provided.)*

Asperger's/High Functioning Autism <input type="checkbox"/>	Deaf / Hard of Hearing <input type="checkbox"/>	Medical <input type="checkbox"/>
Attention Deficit Disorder <input type="checkbox"/>	Emotional / Psychological <input type="checkbox"/>	Mobility / Physical <input type="checkbox"/>
Blind / Low Vision <input type="checkbox"/>	Learning Disability <input type="checkbox"/>	Speech <input type="checkbox"/>

REQUESTED ACCOMMODATIONS: Please list the accommodations and/or services you feel you might need in order to pursue your academic career at Florida Atlantic University:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Note: Alternate formats of this application are available upon request.