



Request for Reasonable Accommodations

Aspen University complies and adheres to Section 504 of the Rehabilitation Act of 1973, as amended. Aspen University's policy and practice is to provide students with disabilities full and equal use of the services, facilities, and privileges of Aspen University. Aspen University does not discriminate on the basis of disability in its admission, recruitment, academics, research, financial aid, counseling, or employment assistance processes. Furthermore, Aspen University does not screen out, exclude, expel, limit, or otherwise discriminate against an individual seeking admission as a student, or an individual enrolled as a student, based on disability.

Student Information:

Student Name:

Learner ID Number:

Date of Request:

Email:

Program/Specialization:

Enrollment Year:

Phone Number:

Please indicate the daily life activities that are impacted by your disability:

Standing/Sitting/Walking

Memory Sensory (seeing, hearing, tactile)

Managing Distractions

Concentrating/Performing

Manual Tasks/Reading

Timely Submission of Assignments

Attending Class

Writing

Other, please specify:



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4615 E. Elwood Street, Suite 100
Phoenix, AZ 85040

(Effective Date: 11/1/2023)

Please indicate the condition(s) for which you are requesting accommodations:

What was the date of your diagnosis?

What is the name of your corresponding treatment provider(s)?

What is the length of time for the accommodation requested?



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Accommodations Request

Describe, in as much detail as possible, how your disability impacts your ability to perform in your academic courses:

Please indicate the specific accommodations you are requesting for courses and what, if any, accommodations you have been approved for in primary school, secondary school, undergraduate college programs, or graduate college programs.

By submitting this form, you are agreeing to allow the Office of Accessibility Services to communicate with faculty, staff, and administrators to facilitate implement of any approved accommodation in your classes and program of study. You also understand that the implementation of some accommodations may require some level of disclosure to the appropriate faculty and staff. The Accessibility Office seeks to maintain confidentiality to the fullest extent possible in alignment with FERPA.

You also understand that accommodations cannot be applied retroactively. Any coursework already due or completed cannot be covered by accommodations.

Student Signature:

Date:

NOTE: Please return completed forms to accessibility@aspen.edu



Treatment Provider Verification of Disability Form

Medical Provider: This student is requesting accommodations for Aspen University based on disability. The University, for the purpose of establishing reasonable accommodations, requires current information about the nature of the student's condition. The information submitted will be reviewed on a case-by-case basis specifically looking at the impact of the condition on this individual and within the specific context of the requested accommodation.

Student Name:

Date of Birth:

Provider Name:

Provider Phone Number:

License or Certification:

Provider Email:

Credentials/Area of Specialty:

Is the above-named student **currently** under your care?

Yes

No

What is the date of your last clinical contact with the student?

What condition(s) are you currently treating the individual for?

Please indicate the extent to which the condition currently impacts this individual and how it could impact their academic experience. Please include the duration of impact, severity of the condition, and any additional information you deem appropriate for us to consider.



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What accommodations do you recommend for this student?

Please provide any additional information you believe is pertinent to our consideration of the student's accommodation request.

Provider Signature:

Date:

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