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## Temporary Condition Accommodation Request Form

The Office of Accessibility will review and consider requests for temporary accommodations for short-term medical conditions, including illnesses and injuries, that substantially impact a student's academic functioning. These conditions do not qualify for accommodations based on ADA or Section 504 due to their short duration and limited impact on the student's functioning. Accommodation requests will be reviewed on a case-by-case basis and approval is at the discretion of Aspen University and Accessibility staff.

### Student Information:

Student Name:

Learner ID Number:

Date of Request:

Please specify the condition, using as much detail as possible, that is the basis for your accommodation request.

Please provide the name, title, specialty, and contact information of the treatment provider that will document your condition.

Please describe the accommodation(s) you are requesting.



**Aspen University**  
4615 E. Elwood Street, Suite 100  
Phoenix, AZ 85040

(Effective Date: 11/1/2023)

What is the length of time for the accommodation requested?

Please describe any additional information you would like to be considered in your request.

By submitting this form, you are attesting that the information provided is complete and accurate to the best of your knowledge and you understand that any intentional misrepresentation contained within this request may result in disciplinary action. You also understand that your accommodation request may not be granted if it is not substantiated by documentation or is deemed unreasonable.

Student Signature:

Date:

**NOTE: Please return completed forms to [accessibility@aspen.edu](mailto:accessibility@aspen.edu)**