



CHRISTENDOM
COLLEGE

Student Support Services Office
St. Lawrence Commons, Room 1
Phone: 540-551-9172
Email: maribeth.kelly@christendom.edu

Academic Accommodation Request Form

Christendom College is committed to making reasonable accommodations to its policies and procedures in order to provide students with documented disabilities an equal opportunity to access a Christendom education. Since a degree from Christendom College indicates the completion of specific course requirements and the attainment of specific academic proficiencies as demonstrated by an adequate course grade, the College does not waive degree requirements for individual students. However, if you have a disability that affects your academic performance, the College offers certain accommodations that assist students in the learning process without compromising the academic integrity of the program.

Please complete this form and submit it to the Director of Student Support Services. After reviewing the form, the Director will schedule a one-on-one meeting with you to discuss your needs and the accommodations offered by the College. If your request is approved, the Director will provide you with an eligibility letter detailing your specific academic accommodation plan.

Please note that academic accommodations are effective for one academic year. Re-application is necessary to continue accommodations. It is the responsibility of the student to contact the Director of Student Support Services if they feel their academic accommodation needs are not being met.

STUDENT INFORMATION: (completed by student)

Full Name _____

Date of Birth _____

Address _____

City/State/Zip _____

Home Phone _____ Cell Phone _____

Email _____

MEDICAL INFORMATION: (completed by diagnosing medical professional)

1. What is the DSM diagnosis? When was the student diagnosed?
2. How does the condition interfere with the student's academic life?



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3. Please attach a prescribed learning plan with recommended academic accommodations for a college setting.

PROVIDER INFORMATION: (completed by diagnosing medical professional)

Signature _____
Print Name/Title _____
Address _____
Telephone _____
State of License _____ License No. _____
Email _____

Once completed, please email this form to the Director of Student Support Services:
maribeth.kelly@christendom.edu

Office Use Only:

_____ Request unnecessary (needs met by standard resources available to all students)

_____ Needs can be accommodated with reasonable modifications to the academic life

_____ Needs cannot be accommodated, as they require unreasonable modifications to the academic core curriculum

Date: _____

Signature of Director: _____