



Marshall B. KETCHUM UNIVERSITY

Office of Student Affairs

Request for Accommodations and Services Form

To request accommodations at MBKU, complete this form and submit documentation of your disability to the Vice President for Student Affairs, which coordinates Disability Services. MBKU may also request completion of a Disability Verification Form by a qualified professional. Please submit all requested materials by email to StudentAffairs@ketchum.edu.

Review of your request for accommodations will begin when the Office of Student Affairs has received this form and supporting documentation. The review process can take up to 3 weeks. The Office of Student Affairs will contact you during that time to schedule a meeting to discuss your application and finalize a decision regarding your eligibility for accommodations.

The Vice President for Student Affairs welcomes the opportunity to meet with you to discuss your application and accommodations as they relate to your specific program at MBKU. If you have any questions regarding the status of your request, or additional information to provide, please do not hesitate to contact the Office of Student Affairs at 714-449-7444 or StudentAffairs@ketchum.edu.

All information provided to the Office of Student Affairs will be kept confidential in accordance with law. Documentation of a student's disability is maintained in a confidential file in the Office of Student Affairs. It is considered part of your education record and protected under FERPA but it is stored in your medical file, separate from your academic record and secured in our vault.

Personal Information

Name: _____

Today's Date: _____

Program: _____ Class Year: _____

Email Address: _____

Preferred Phone: _____

Student ID Number: _____

Disability Information: With respect to any disability for which you seek accommodation, please:

Describe the disability:

Describe the nature, severity and duration of the disability:

Describe the activity or activities that the disability limits:

Describe the extent to which the disability limits your ability to perform the activity or activities:

Accommodation Request

Please specify what accommodations you are requesting. The Vice President for Student Affairs will consider your request in light of your disability, as described in your documentation and other information provided, as well as the requirements of your specific academic program.

___ I am not requesting accommodations at this time but would like to register with the Office of Student Affairs given the changing nature of my disability.

___ Testing Accommodations (e.g., extended time for scheduled examinations, “stop the clock” rest breaks, etc.):

___ Classroom Accommodations (e.g., seating arrangements, permission to record lectures, etc.):

___ Communication Accommodations (e.g., assistive listening devices):

___ Lab Accommodations (e.g., ergonomic equipment):

___ Clinical Accommodations (e.g., use of specialized equipment or scheduling):

___ Assistive technology

___ Parking

___ Other Accommodations:

I understand that MBKU may require documentation to establish the existence of a disability and explain the need for an accommodation, and further, that my failure to provide sufficient documentation when requested may adversely affect my request for accommodations, including, but not limited to, denial of accommodations.

By signing below, I certify that all the information provided in this document is true and correct to the best of my knowledge.

Student's signature

Date