DREXEL UNIVERSITY
Office of
Disability Resources

Student Request for Accommodations Form

Personal Identification and Contact Information:

Today's Date: _____ Term: _____

Name: _____ Date of Birth: _____

University ID #: _____ Phone Number: _____

Drexel Email Address: Personal Email Address:

_____ _____

Address at which you would like to receive correspondence from The Office of Disability Resources:

Number and Street: _____

City: _____ State: _____

Zip Code: _____ Country: _____

What is your enrollment status? Select one:

- ◯ Prospective Student
- ◯ Undergraduate Student
- ◯ Graduate/Professional Student

What year? Select one:

- ◯ Freshman
- ◯ Sophomore
- ◯ Pre-Junior
- ◯ Junior
- ◯ Senior
- ◯ Grad/Professional

Major or Program of Study (i.e. Business, Nursing, Law, etc)?

Please list here: _____

What is/are the physical location(s) of the academic program or activity for which accommodations are being sought? Select all that apply:

- ☐ University City (Main Campus, not including School of Law)
- ☐ Earle Mack School of Law
- ☐ Center City Hahnemann Campus
- ☐ Queen Lane Medical Campus
- ☐ Burlington County College Campus
- ☐ Center for Graduate Studies, Sacramento Campus
- ☐ Online Distance Learner
- ☐ Other (Please Specify): _____

How would you classify your condition(s) or impairment(s)? Select all that apply:

- ☐ Brain Injury
- ☐ Autism Spectrum Disorder
- ☐ Chronic Health Conditions
- ☐ Hearing Impairment
- ☐ Learning Disability
- ☐ Attention Deficit Hyperactivity Disorder
- ☐ Psychiatric Impairment
- ☐ Physical/Mobility Impairment
- ☐ Visual Impairment
- ☐ Other (Please specify): _____

Is this condition temporary or permanent? Select One:

- ☐ Temporary
- ☐ Permanent

Temporary conditions-expected time for recovery

Please indicate the expected time required for recovery: _____

What are the limitations associated with the previously listed condition(s)? Select all that apply:

- ☐ Seeing
- ☐ Hearing
- ☐ Breathing
- ☐ Eating
- ☐ Sitting
- ☐ Sleeping
- ☐ Functioning of a Major Body Organ or Operation
- ☐ Fatigue
- ☐ Reading
- ☐ Thinking/Concentrating
- ☐ Lifting
- ☐ Walking/Climbing Stairs
- ☐ Fine Motor Control
- ☐ Standing
- ☐ Other (Please specify): _____

Is this the first time you are requesting accommodations through Office of Disability Resources? Select one:

○ Yes ○ No ○ Unsure

Accommodations Being Requested

Please detail any new accommodation requests you may have and/or any new condition you may be presenting at this time. New students – please list the accommodations you are requesting:

If you have previously received an Accommodation Verification Letter (AVL), are you now requesting the same accommodations for the new term? Select one:

○ Yes ○ No

Please complete and return this Request for Accommodations Form to

The Office of Disability Resources:
3201 Arch Street, Suite 210
Philadelphia, PA 19104
Tel: 215.895.1401; Fax: 215.895.1402; disability@drexel.edu