

# HOLY CROSS COLLEGE

at Notre Dame, Indiana



## Request for Accommodations Form

Name \_\_\_\_\_ Date \_\_\_\_\_  
Address \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

1. If you have been diagnosed as having a disability that requires special accommodations in an academic setting, please complete this request form for accommodations.
2. To qualify for accommodations, a copy of a recent evaluation (completed within the past three years) that documents necessary academic accommodations must be submitted.
3. Prescribed recommendations for accommodations should also be submitted with this form.
4. You must meet with the Director of Counseling and Health at the beginning of each semester in order for the accommodations to be sent to all of your professors.

*Briefly describe the condition that qualifies you for accommodations:* \_\_\_\_\_

*Mark the following accommodations that you are requesting:*

- Extended test time on exams and quizzes
- Minimal-distraction testing environment outside of classroom
- Use of student-owned word processor with spell checker for tests, writing assignments, taking notes, etc
- Use of four-function calculator
- Tape recording of classes by student
- Assistance with taking notes
- Large print on handouts and test materials
- Audio textbooks
- Wheelchair space

*List additional accommodations that you are requesting:*

\_\_\_\_\_  
\_\_\_\_\_  
*I acknowledge that by requesting accommodations, I am authorizing the Director of Counseling and Health to contact and discuss information relevant to my recommended accommodations with faculty and staff who have a need to know. I understand that, as with all Holy Cross College activities, I am required to comply with the Student Conduct Code which "presumes a high moral character and an attitude of self-respect" and discourages "dishonesty such as cheating of all kinds [including] ...knowingly furnishing false information to the College."*

\_\_\_\_\_  
(Signature of Applicant)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
Thomas DeHorn, Director of Counseling and Health  
Holy Cross College • 54515 SR 933N • P0 Box 308 • Notre Dame, IN 46556-0308 574/239-8383 Fax: 574/239-8313

\_\_\_ By initialing here, I authorize Holy Cross College to notify the University of Notre Dame, and or St. Mary's College (please circle) that I have academic accommodations with Holy Cross College.