



**Academic Accommodations Request Form
Technical Institute for Environmental Professions
(TIEP)**

This application must be completed by the learner requesting services.

Learner Information:

Today's Date:

- Name:
- Phone:
- Email address:
- Current address:
- Accommodations Requested for Term: Year:
- Major (if known):
- Student ID (if known):

Disability Information:

Please identify the diagnosed disability:

Please explain the nature of your disability or impairment, including symptoms and barriers that impacts/may impact your academic performance or your participation at Unity's TIEP. Include any information you feel would help the ADA Coordinator understand and plan for your needs:

What accommodations are you requesting? (Accommodations may be modified upon request for review of newly documented conditions.)

After completion, please submit this Request for Accommodations and any supporting documentation to the ADA Coordinator for your program. All completed documentation may be scanned as an email attachment, faxed, or sent through U.S. Mail to the address below. All correspondence is processed with careful consideration of privacy rights.

Questions and correspondence should be addressed to:

Technical Institute for Environmental Professions Mailing Address:

70 Farm View Drive, Suite 200
New Gloucester, ME 04260

Office Address:

Freeport Hall
70 Farm View Drive
New Gloucester, ME 04260

Email: accessibilityti@unity.edu
Phone:207-616-6004 Fax:207-512-1192

Electronic Submission Process: The learner submitting this form agrees to the following:

I understand that:

1. I will not receive accommodations in any course until I submit all forms and documentation, the review process has been completed, and I have signed the accommodations paperwork.
2. I must still meet the minimum learning outcomes as set forth by my program of study and will not expect instructors to compromise the essential course requirements nor to fundamentally alter the course.
3. Although the college will provide a copy of my academic accommodation to my instructor, it is my responsibility to initiate any discussion/request regarding my accommodations with my instructor(s).
4. I am responsible for compliance with Unity Environmental University's policies as outlined in the Learner Handbook and/or the Academic Catalog for the Technical Institute for Environmental Professions.

I submit this disclosure of my disability and application for accommodations with the understanding that it is completely voluntary. I understand that by submitting and signing this form, this information may be shared on a need-to-know basis only with appropriate Unity Environmental University personnel for use in understanding my needs and planning for appropriate support services.

Signature: _____