**Accommodation Request Form for Unity at Pineland Students**

This application must be completed by the student requesting services.

**Student Information:**

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| □ | **Name:** |  |
| □ | **Phone:** |  |
| □ | **Email address:** |  |
| □ | **Current address:** |  |
| □ | **Accommodations Requested for:**  | □ | **Academic** | □ | **Housing** | □ | **Dining** |
| □ | **Major [**if known**]** |  |

**Disability Information: Please identify the diagnosed disability**:

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

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**What accommodations are you requesting?**[Accommodations may be modified upon request for review of newly documented conditions.]

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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:**

ADA Accessibility Coordinator

Unity Environmental University at Pineland

70 Farm View Drive, Suite 200

New Gloucester, ME 04260

PinelandAccessibility@unity.edu

207-509-7380 (phone or fax)

**Electronic Submission Process:** The student 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. The University will provide me with a copy of my academic accommodation, and it is my responsibility to initiate any discussion/request regarding my accommodation with my instructor(s).
4. I am responsible for compliance with Unity Environmental University’s policies as outlined in the Student Handbook and/or the Unity Environmental University Catalog for Unity at Pineland.

*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.*

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| **Signature**:  |  |  | **Date**: |  |