Ferkauf Graduate School of Psychology

Yeshiva University

REQUEST FOR REASONABLE ACCOMMODATIONS

| Students who have documented disabilities or medical condi Students who are seeking accommodations should review th Handout, and then complete the form below and return it to Michael Gill. | e guidelines listed in the Ferkauf Process |
|---|---|
| Name: | Date:/ |
| Please check the relevant category and then specify the natu | re of your disability on the line provided: |
| Learning , AD/HD: | |
| Hearing: | |
| Speech: | |
| Visual: | |
| Mobility: | · |
| Other: | |
| What specific accommodation(s) are you requesting? | |
| | |
| | |
| Please attach all relevant documentation. Requests for according documentation is submitted. | mmodations will not be reviewed until |
| Please note: | |
| This document will serve as written authorization for ODS to as it deems necessary in order to consider and implement yo | • |
| Disability Services: | Date:/ |