

APPLICATION FOR ACADEMIC ACCOMMODATIONS

Students with Disabilities

Emmaus Bible College

Academic Affairs Office

To apply for assistance, you should complete and return this form with the requested disability documentation. The information requested is necessary if we are to assist you efficiently and effectively with support services. To receive accommodations, you must be admitted to Emmaus Bible College (EBC) through the regular admissions process.

Part I. General Information

Name: _____
 Last First Middle (Maiden) Preferred

Entrance Term: _____

Date of birth: _____ Sex: _____

Address: _____
 Street City State Zip Code

Telephone # (_____) _____

Part II. Disability Information

Disability: _____

Date of diagnosis: _____

Limitations: _____

Please attach the most recent medical and/or educational diagnostic report(s) which provide(s) evidence of above disability and its limitations to your academic performance. This report must have been completed within the past three (3) years. Also, provide the name, telephone number and address of a licensed professional that is familiar with your personal needs. If you suspect you have a learning disability but have not been tested, please contact the Academic Affairs office at rkunjummen@emmaus.edu.

Part III. Specific Accommodation Information

In the space provided below, please provide specific details concerning assistance you might need in order to better assist you.

Faculty members are not required to provide accommodation for your disability needs unless you provide proof of a disability for which the accommodation you are requesting is appropriate. Such proof should be provided prior to your first day of classes at Emmaus.

Part IV. Student Responsibilities for Securing Accommodation

1. Submit this Application for Academic Accommodations with all required documentation prior to the first day of classes at Emmaus.
2. Meet with the Academic Dean during the first two weeks of the semester to clarify any individualized accommodation needs or questions pertaining to the classroom environment or course assignments. Discuss how your disability might affect your performance in class and the specific accommodations required. For example, the need for extended test time and in-class written assignments, alternate test format or location, scheduled medical appointments, side effects from prescribed medications (if any), and describe any special equipment or assistance you will need such as a tape recorder, communication device, etc.
3. The Academic Dean will communicate approval of reasonable accommodations to your instructors.
4. Follow up with each instructor to discuss your accommodation needs and confirm appropriate procedures.
5. If, for any reason, you have difficulty receiving the accommodations which have been deemed reasonable, please communicate your concern to the Academic Dean at 563-588-8000 x1204 or rkunjummen@emmaus.edu.

I have read the Application for Academic Accommodations Instructions and understand my role and responsibilities in securing assistance support services, and reasonable accommodations related to my disability.

Student Signature: _____

Date: _____

*Please return completed form to:
Emmaus Bible College
Academic Affairs Office
2570 Asbury Road
Dubuque, IA 52001*