Disability Registration and Request for Accommodation Form

All items must be completed.

Name:_____
Last First Middle Initial

Excelsior College ID # or Social Security # _____

I am enrolled in an Excelsior College degree program. Yes ☐ No ☐

Degree _____

Current Address: _____

Business Phone: _____(D/E) Home Phone: _____(D/E)

Email: _____ Disability: _____

My disability is: Permanent ☐ Temporary ☐

If your disability is permanent, have you previously submitted documentation of your disability to Excelsior College? Yes ☐ No ☐

Functional Limitations: _____

_____

Specific accommodation(s) being requested: _____

_____

Accommodation(s) Requested

Check all requested accommodations. Submit documentation on official letterhead from a licensed or certified medical professional. The documentation should describe the disability and explain the need for the requested reasonable accommodation(s).

A. Excelsior College Courses

Title and Course Number: _____

Term_____

1. **Additional testing time:** Double time (D) ☐ Time and a half (E) ☐
2. **Alternative presentation format:** _____
3. **Other request(s):** _____

B. Excelsior College Examinations

1. **Additional testing time:** Double time (D) ☐ Time and a half (E) ☐
2. **Assistance:** ☐ Reader (R) ☐ Recorder ☐ Special mechanical devices (limited)
3. **Format (paper and pencil administration only):** ☐ Braille examination booklet ☐ Large print examination booklet ☐ Large print answer sheet
4. **Separate Room (A):** ☐ No ☐ Yes
5. **Other request(s)**: _____

C. Excelsior College Practice Examinations

- ☐ Time and a half
- ☐ Double time

D. Clinical Performance in Nursing Examination

- ☐ An amplified stethoscope
- ☐ Use of electronic devices for assessing vital signs
- ☐ Sign language interpreter
- ☐ Additional testing time, which can be extended by 30 minutes for each Patient Care Situation in the CPNE
- ☐ Limiting to 5 the number of assigned areas of care in the CPNE
- ☐ Additional break time between exam components
- ☐ Assistance with lifting and positioning of patients
- ☐ Permission to follow hospital procedures for latex-sensitive nurses

Important Note for School of Nursing Associate Degree Students

All students must be able to safely care for hospitalized adult and pediatric patients addressing their physical needs (including mobility) and psychological needs.

E. Other Requests

Other requests: _____

_____

F. Course Substitution or Course Waiver

Number/Title of Required Course: _____

_____

Indicate specific request: _____

_____

G. Signature and Date

Your signature below attests that the information on this form is true. In addition to determining your eligibility, we may use this information for research purposes. In no case, however, will an individual be identified by name in research studies.

Signature: _____ Date: _____

Please submit a copy of this form and the requested documentation to:

Disabilities Services Coordinator
Excelsior College
7 Columbia Circle
Albany, NY 12203-5159