## Disability Registration and Request for Accommodation Form

All items must be completed.				
Name:				
Last	First	Middle Initial		
Excelsior College ID # or Social Se	ecurity #			
I am enrolled in an Excelsior Colleg	ge degree program. Yes No	Degree		
Current Address:				
	(D/E) Home Phone:			
Email:	Disability:			
My disability is: Permanent	Temporary			
If your disability is permanent, hav documentation of your disability to		No 🗌		
Functional Limitations:				
Specific accommodation(s) being r	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).

<b>A. E</b> :	xcelsior College Courses					
Ti	tle and Course Number	Term				
1.	Additional testing time:	3. Other request(s):				
	☐ Double time (D)					
	☐ Time and a half (E)					
2.	Alternative presentation fo					
В. Е	xcelsior College Examination	ns				
1.	Additional testing time:	3. Format (paper and pencil 5. Other request(s):				
	☐ Double time (D)	administration only):				
	☐ Time and a half (E)	☐ Braille ———————————————————————————————————				
2.	Assistance:	☐ Large print				
	☐ Reader (R)	examination booklet				
	☐ Recorder	☐ Large print				
	☐ Special mechanical	answer sheet				
	devices (limited)	4. Separate Room (A):				
		□ No □ Yes				
C. Excelsior College Practice Examinations						
	Time and a half	☐ Double time				
Title of Practice Fxam:						

D. Clinical Performance in Nursing Ex	amination	
<ul> <li>□ An amplified stethoscope</li> <li>□ Use of electronic devices for assessing vital signs</li> <li>□ Sign language interpreter</li> <li>□ Additional testing time, which can be extended by 30 minutes for each Patient Care Situation in the CPNE®</li> </ul>	<ul> <li>□ Limiting to 5 the number of assigned areas of care in the CPNE</li> <li>□ Additional break time between exam components</li> <li>□ Assistance with lifting and positioning of patients</li> <li>□ Permission to follow hospital procedures for latex-sensitive nurses</li> </ul>	Important Note for School of Nursing Associate Degree Student All students must be able to safely care for hospitalized adult and pediatric patients addressing their physical need (including mobility) and psychological needs.
E. Other Requests Other requests:		
	vers	
G. Signature and Date		
Your signature below attests that the infeligibility, we may use this information for be identified by name in research studie	or research purposes. In no case, howeves.	er, will an individual
Please submit this form and the request Disabilities Services Coordinator, Excelsi	ted documentation to:	: NY 12203-5159