



CATHOLIC DISTANCE UNIVERSITY

ADA Accommodation Request Form

PLEASE NOTE: If you are not requesting academic accommodations based on a documented disability, you should not complete this form.

Part I – Student Information.

Student name: _____

Address: _____

DOB: _____

CDU ID#: _____

CDU email: _____

Personal email: _____

Telephone: _____

I am a: _____ New student _____ Existing student

Academic program you are enrolled in: _____

Part II – Accommodation Background and Request.

I have received accommodations in: _____ Never before _____ K-12

_____ Other college or university: _____

Disability Information:

_____ Specific Learning Disability (including dyslexia, dysgraphia, dyscalculia)

_____ Chronic Health, Physical Disabilities (health related-medical)

_____ Mental Health _____ ADHD _____ Traumatic Brain Injury

_____ Other: _____

Describe how the disability affects your participation in academic courses:

Describe how the disability affects you during testing:

Describe how the disability affects you while studying:

Academic accommodations you are requesting:

Part III – Supporting Documentation.

Documentation that includes a diagnosis of a specific disability completed by a qualified examiner should be submitted to accommodations@cdu.edu. We will accept **a signed report on official letterhead**, or your provider can use the [Disability Verification Form](#) for this purpose.

Documentation that will not be accepted:

- Notes handwritten on prescription blanks
- Handwritten letters (even if on letterhead)
- Unsigned letters
- Letters signed by someone other than the medical provider, such as an office manager
- Medical case notes or records from patient portals