

Office Of Student Accessibility Student.Accessibility@massart.edu T:617-879-7253 F:617-879-7240

REQUEST FOR ACCOMMODATIONS

The Office of Student Accessibilty at MassArt provides services and resources to support instruction, enhance student academic success and retain a diverse student body. Through the Office of Student Accessibility and in accordance with the Americans with Disabilities Act (ADA), Amendments Act (ADAA) of 2008, MassArt is committed to providing reasonable accommodations to students with documented disabilities.

Requests for accommodations should be made prior to the start of the semester to ensure a timely provision of services and must be accompanied with appropriate documentation. Guidelines for documenting a disability are available at the Academic Resource Center and on the Student Accessibility website.

City, State, Zip: (CIRCLE ONE) First Year Tran What is the nature of your dia Learning Disability Mobility Impairment Auditory Impairment/Deaf	
CIRCLE ONE) First Year Tran What is the nature of your dia Learning Disability Mobility Impairment Auditory Impairment/Deaf	agnosed disability? ADD/ADHD Psychiatric Autism Spectrum Medical/Physical Illness Visual Impairment/Low Vision f Other:
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Learning Disability Mobility Impairment Auditory Impairment/Deaf	ADD/ADHD Psychiatric Autism Spectrum Medical/Physical Illness Visual Impairment/Low Vision f Other:
Mobility Impairment Auditory Impairment/Deaf	Medical/Physical Illness Visual Impairment/Low Vision f Other:
	nsated for your disability(ies)? For example: devices, treatment or medication, ele accommodations, and/or compensatory strategy that reduces the impact of your

MASSART

Yes No. If yes, list adverse effect	s of the medications you are taking.
(*Note: Requesting accommodations, p in the past does not guarantee a studer	tions you received at any high school or prior college: providing a clinician's recommendation, or having accommodations and will receive such accommodations at MassArt. The information on information on your disability-related needs.)
High School:	Years Attended:
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College:	Years Attended:
Please indicate below any reasonabl studio:	e accommodations that you may be requesting in the classroom o
	le accommodations that you may be requesting in the classroom o
studio:	le accommodations that you may be requesting in the classroom o
studio:	
Please indicate below the reasonable above information is complete and acc	

PLEASE RETURN THIS FORM ALONG WITH ALL SUPPORTING MEDICAL

DOCUMENTATION TO: <u>Student.Accessibility@MassArt.edu</u>

Please contact Matt Tragert, Assistant Director of Student Accessibility with any questions. mtragert@massart.edu 617-879-7253