

# MARSHALL UNIVERSITY

## JOAN C. EDWARDS SCHOOL OF MEDICINE

### Request for Reasonable Accommodation

Instructions: If you have a physical, emotional/psychiatric or learning impairment that you believe warrants accommodation during medical school, please complete this form and return it to Dr. Marie Veitia in Student Affairs at the Medical Center. Because the approval and notification process takes time, please send in your request before the beginning of a semester or academic year or as soon thereafter as can be accomplished.

Student Name: \_\_\_\_\_ Date of Request: \_\_\_\_\_

Description of Accommodation Requested:

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In order for accommodations to be considered, a statement by your health care provider must accompany this form and should include:

- (1) Description of physical or mental impairment
- (2) Recommended Accommodations

By my signature below, I authorize the Offices of Academic and Student Affairs to notify my course and clerkship directors, as appropriate, to implement reasonable accommodations.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

Approved by: \_\_\_\_\_

Marie Veitia, PhD

\_\_\_\_\_  
Date

\_\_\_\_\_  
Tracy LeGrow, PsyD

\_\_\_\_\_  
Date

Date of Notification of Course/Clerkship Director: \_\_\_\_\_