

## Disability Accommodation Request Form

PLEASE TYPE OR PRINT CLEARLY

To request accommodations for an upcoming UC San Diego Extension course or program, complete and submit this Disability Accommodation Request Form.

All requests must be submitted at least 15 business days before your course of study begins. Failure to submit a timely request may result in a delay of accommodation services.

After we receive your request form, the Extension Disability Coordinator will contact you. If you do not receive a confirmation that your form and documentation have been received by the Disability Coordinator within 1-2 business days, call (858) 822-1366 or email unex-ssd@ucsd.edu. Please understand that it is your responsibility to confirm that we have received your forms.

### Student Information

\_\_\_\_\_

STUDENT I.D. NUMBER (IF KNOWN)

\_\_\_\_\_  
LAST NAME FIRST NAME M.I.

\_\_\_\_\_  
STREET ADDRESS

\_\_\_\_\_  
CITY STATE ZIP

( ) - \_\_\_\_\_  
PHONE NUMBER EMAIL ADDRESS

### For Office Use Only

Date form received \_\_\_\_\_  
Date student contacted \_\_\_\_\_

### Submit your completed form to the Disability Coordinator

**Email** ▶ unex-ssd@ucsd.edu

**Fax to** ▶ (858) 534-8527

Attn: Annie Dinh, Disability Coordinator

**In Person** ▶ By appointment ONLY at our La Jolla Student Services location

**Mail to** ▶ UC San Diego Extension  
Attn: Annie Dinh, Disability  
Coordinator

9500 Gilman Drive, Dept. 0176-H  
La Jolla, CA 92093-0176

### Disability Information (All information required)

\_\_\_\_\_  
NATURE OF DISABILITY TYPE OF DISABILITY (PERMANENT OR TEMPORARY) IF TEMPORARY, APPROXIMATE END DATE

PLEASE DESCRIBE, IN DETAIL, THE TYPE OF ACCOMMODATIONS YOU ARE REQUESTING:

### Student Rights and Responsibilities

#### I understand I have the following rights:

- My accommodations request and participation in the accommodation approval process are entirely voluntary.
- I have equal access to any and all courses, programs, jobs, services, activities, and facilities offered by UC San Diego Extension.
- UC San Diego Extension will keep my information confidential per UC Policy and Procedures Manual Section 160-2.

#### I understand it is my responsibility to:

- Provide the Disability Coordinator with accurate information, required documentation and/or forms (medical, educational, etc.) to verify my disability and support my request for services.
- Comply with published procedures for obtaining accommodations, academic adjustments and/or auxiliary aids and services.
- Comply with the UCSD Student Code of Conduct at all times.
- Meet the academic and non-academic standards for admission to, participation in, and/or fulfillment of essential requirements of Extension programs or activities.

I understand that I may not be approved for certain accommodations if the accommodation would fundamentally alter or modify the nature of the class, lab or academic environment.

**By signing and submitting this form, I certify that all information is accurate to the best of my knowledge. I agree that I have read and understood all information above.**

\_\_\_\_\_  
STUDENT SIGNATURE

\_\_\_\_\_  
DATE