# Disability Accommodation Request

To request accommodations for an upcoming UC San Diego Extension course, please complete and submit the Disability Accommodation Request form. After we receive your request form, the Disability Coordinator will contact you.

**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.

(\* indicates required fields)

## Student Information

First Name:\*Click here to enter text.

Middle Name: Click here to enter text.

Last Name:\* Click here to enter text.

Email:\* Click here to enter text.

Confirm Email:\* Click here to enter text.

Phone number:\*Click here to enter text.

Phone Type (Home, Business, or Cell):\*Click here to enter text.

Alternate Phone:\*Click here to enter text.

Alternate Phone Type (Home, Business, or Cell):\*Click here to enter text.

Mailing Address:\*Click here to enter text.

## Information about your Disability

Nature of Disability:\*Click here to enter text.

Type and duration of Disability\* (Permanent or Temporary): Click here to enter text.

If temporary, approximate end date: Click here to enter text.

Please describe the type of accommodations you are requesting:\*

Click here to enter text.

## Student Certification and Authorization

### Rights

* I understand that my Accommodation Request and participation is entirely voluntary.
* I understand that I have equal access to any and all courses, programs, jobs, services, activities, and facilities offered by UC San Diego Extension.

### Responsibilities

* It is my responsibility to provide the UC San Diego Extension Student Services Disability Coordinator with the required documentation and/or forms (medical, educational, etc.) to verify my disability and support my request for services.
* It is my responsibility to comply with published procedures for obtaining accommodations, academic adjustments and/or auxiliary aids and services and that I must adhere to them for continuation of services.
* It is my responsibility to notify the UC San Diego Extension Student Services Disability Coordinator 15 business days prior to the start of each quarter in which the accommodation is needed.
* I understand that, as with all Extension activities/courses, I am required to comply with the Extension [Student Code of Conduct](https://extension.ucsd.edu/student/index.cfm?vAction=faq#conduct), including the responsibility to accurately represent my circumstances.
* It is my responsibility to 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 it is not within the purview of UC San Diego Extension Student Services staff to substantially alter essential program requirements or those directly related to any licensing requirements.
* I acknowledge that by requesting academic accommodations, I am authorizing the UC San Diego Extension Student Services Disability Coordinator to discuss information relevant to my disability with my medical provider, faculty and staff who have a legitimate educational need to know. I understand UC San Diego Extension will keep my information confidential as per UC Policy and Procedures Manual Section 160-2.
* Submission of this form indicates you have read all of the Rights and Responsibilities as outlined above and agree to all.

### Print Student Name: Click here to enter text.

### Date: Click here to enter text.