



MARTIN
UNIVERSITY

DISABILITY SERVICES

MODIFICATIONS OF ACADEMIC PROGRAM

Date: _____

Academic Advisor: _____

Name and Number of Course: _____

Student Name: _____

Phone Number: _____

Address: _____

Accommodation Requested:

Modification/ Eliminated Requirement: _____

Disability Services consults with one or more faculty and staff members, who teach academic courses/programs in questioning (below) of how important it is for the request in modification(s) for a student that requests an accommodation that would modify or eliminate a requirement of the student's academic course/program before a decision is made on whether the accommodation can be provided:



1. Would the modification requirement that is requested essential to the particular academic course/program for the student?
2. With changing or waiving the requirement, either lower academic standards or require substantial course/program alteration?
3. Has the student that has requested the accommodation demonstrate a need for the accommodation?
4. Are there any other reasonable alternatives to the requirements that are applicable to the individual student?

Advisors Comments:

Disability Services Representative Signature:

Academic Advisors Signature:

Students Signature:
