



## Request for Accommodations

Name:

Date of Request:

Email:

Telephone:

Program:

Cohort:

Please identify the nature and extent of your disability as it relates to your request for accommodations (e.g., medical condition, ADHD, learning disabilities, psychological disabilities, sensory disabilities, physical/mobility disabilities, temporary conditions, etc.). Please specify the specific diagnosis and the date of the original diagnosis.

How does your disability impact your ability to complete coursework or other program requirements or your ability to access services? How does your disability impact your daily activities outside the classroom?



Describe the accommodation(s) you would like to request from Quantic, the rationale of the request, and the timeframe during which you are seeking accommodations (be as specific as possible):

What accommodation(s), if any, have you received from your previous school or university?

I understand that I am responsible for requesting accommodations from Quantic School of Business and Technology, and that I will be required to provide documentation of my disability/ies to support my request for accommodation at my own expense in order for my accommodation request to be considered. I agree to provide all documentation in a timely manner and am aware that it will take time for Quantic to provide accommodations. I am aware that if I need to request a new accommodation, I must provide updated documentation to the Senior Director of Academic Affairs. I am aware that it is my responsibility to communicate directly with faculty and staff regarding accommodations, and stay in communication about such accommodations. I am aware that it is my responsibility to contact the Senior Director of Academic Affairs at [accommodations@quantic.edu](mailto:accommodations@quantic.edu) if I am having any difficulties receiving my accommodations. I am aware that accommodations are not retroactive. I agree to comply with Quantic's [policies and procedures](#) related to accommodations.

**By signing, I guarantee the information provided is correct to the best of my abilities, and hereby give permission to the Quantic School of Business and Technology to release information to appropriate Quantic personnel to aid in the consideration and implementation of disability accommodations.**

Signature:

Date: