



The Catholic University of America Library and Information Science

REQUEST FOR ACCOMMODATIONS FOR THE COMPREHENSIVE EXAMINATION

The CUA Department of Library and Information Science strives to meet the needs of students who require accommodations in order to take the comprehensive exam. Use this form to indicate what accommodations you are requesting. Note that if accommodations are related to a physical disability or a learning disability, you must submit your request and supporting documentation to the university's Office of Disability Support Services (Pryzbyla Center, Suite 207; 202-319-5211).

Return this form to the Department of Library and Information Science, Suite 314, Law Building. cua-lis@cua.edu or fax 202-319-5574

Physical Disability Recommendations for accommodations related to a physical disability are made by the CUA Office of Disability Support Services based on documentation provided by the student.

- I am requesting accommodations related to a physical disability
- I have already met with the Disability Support Services office and have provided the necessary documentation.
- I have scheduled an appointment with the Disability Support Services office on _____

Accommodations may include: _____

Learning Disability Recommendations for accommodations related to a learning disability are made by the CUA Office of Disability Support Services based on documentation provided by the student.

- I am requesting accommodations related to a learning disability
- I have already met with the Disability Support Services office and have provided the necessary documentation.
- I have scheduled an appointment with the Disability Support Services office on _____

Accommodations may include: _____

Other Conditions If accommodations are needed due to pregnancy, the effect of medication, or some other condition, check the appropriate box. For conditions related to health or medication (but not a learning or physical disability) attach a letter to the Assistant Dean from your doctor including a range of suggested accommodations.

- Health or medication-related condition
- Other

Name

Date

Signature

Student ID