

Student Accommodation Request Form

NOTE: This form should be completed with an Access Consultant in the [Disability Resource Center \(DRC\)](#) of the University of Minnesota (UofM) or the appropriate person at your home institution. Please download the form, complete it using Adobe Acrobat Reader, sign and return the saved form via email to [Peggy Retka](#), Program Director, Learning Abroad Center (LAC).

Submit the completed form at least 8 weeks prior to the study abroad program start date to allow sufficient time to determine accommodation possibilities.

Student Information

Name _____

UofM ID _____

Email _____

Phone _____

Home Institution (if different than the UofM) _____

Study Abroad Program Information

Study Abroad Program _____

Term _____

Year _____

Program Contact Name _____

Email _____

Phone _____

Disability Resource Center Contact Information

Name _____

Email _____

Phone _____

Instructions

The DRC Access Consultant will state the accommodation(s), rationale, and what this accommodation looks like on the home campus. The DRC will use the accompanying Professional's Guide when filling out this form.

NOTE: Accommodations abroad may be implemented differently than accommodations at the University of Minnesota or home institution. For example, time extensions for testing may be limited to just 1.5 time or video recording lectures may not be possible. Early completion of this form with the DRC will facilitate collaboration with the LAC and the on-site staff to better determine how accommodations can be implemented abroad.

Accommodations Requested

Classroom

Coursework

Testing

Housing & Dining

Program Excursions & Travel

Access Services

Additional Comments & Considerations

Certification By Disability Resource Center Access Consultant And Student

By typing my initials, I certify that the accommodations requested on this form are reasonable accommodations which would generally be provided to this student in a US institution.

DRC Staff Initials: _____

Date: _____

By typing my initials, I recognize that some of these accommodations may not be available at the study abroad site but that effort will be made to provide alternative accommodations whenever possible. I also recognize that requesting accommodations less than 8 weeks in advance may not allow enough time for accommodations to be adequately implemented. I give permission for my study abroad program contact to communicate with overseas staff regarding my accommodation requests. They will be in conversation with me and my DRC Access Consultant about possible accommodations. This form will be kept in confidence and shared between your DRC Access Consultant, LAC Program Contacts and necessary on-site staff to assess and provide accommodations.

Student Initials: _____

Date: _____

Accommodation Response Form (to be completed by on-site staff)

List the primary person on-site whom the student should contact to review accommodation requests and possibilities.

Name _____

Title/Role _____

Email _____

Phone _____

List individuals who have been informed of this student's accommodations requests. Include the individual's name, title/role and their relationship to the student.

Accommodation Response Form (to be completed by on-site staff)

After reviewing the student's accommodations request form, describe which accommodations will be provided for the student and make special note of any accommodations which are not possible.

Classroom

Coursework

Testing

Housing & Dining

Program Excursions & Travel

Access Services

Additional Comments & Considerations

LEARNING ABROAD CENTER

230 Heller Hall, 271 19th Avenue South, Minneapolis, MN 55455
612.626.9000 | 612.626.8009 (fax) | UMabroad@umn.edu

UMabroad.umn.edu

DISABILITY RESOURCE CENTER

McNamara Alumni Center | Suite 180 | 200 Oak St. SE
Minneapolis, MN 55455

612.626.1333 | 612.626.9654 (fax) | drc@umn.edu

disability.umn.edu