



CHRISTOPHER NEWPORT
UNIVERSITY

REQUEST FOR SERVICES & ACCOMMODATIONS

Mr / Ms (*circle one*) Last Name: _____ First Name: _____

Date of Birth: _____ Student ID#: _____

Cell Phone: (____) _____ CNU Email: _____@cnu.edu

Home Phone: (____) _____ Non-CNU email: _____

1. Select your accommodation status:

- I am an incoming student requesting accommodations for the first time.
- I am current student requesting accommodations for the first time.
- I am a student currently receiving accommodations at CNU, and I am requesting a change/addition from previous accommodations.

2. Select the semester for which you are requesting services/accommodations:

- Fall 20__
- Spring 20__
- Summer 20__

3. Identify the disability or disabilities as diagnosed by certified professional for which you are requesting services/accommodations:

4. Indicate which category of accommodation(s) you are seeking (select all that apply):

- Academic – classroom, testing, note-taking, etc.
- Residence Hall – meal plan, handicap accessible room, etc.
- Support – skill development, counseling, coaching, etc.
- Temporary Accommodations

5. List the specific accommodation(s) or service(s) which you are requesting to help you succeed with your academic responsibilities or other college activities. Students are granted reasonable accommodations therefore not all requests may be granted.

6. Select the type of supporting documentation submitted with this request:

Documentation must be from a qualified professional source and within the last three (3) years.

- Psycho-Educational Evaluation – Date of Evaluation: _____
- Neuropsychological Evaluation – Date of Evaluation: _____
- Medical Documentation – Date of Documentation: _____

7. My signature below indicates that:

I have provided my information voluntarily, and to my knowledge, all information is true and current. I understand that the information included in this document will be treated as confidential information and will be released only to those who have a need to know. I understand that all documentation submitted will be kept on file for one year after graduation/previous enrollment term, after which time, it will be destroyed. I have read and understand my rights and responsibilities. I will abide by CNU's Honor Code, Code of Academic Work, and the Student Code of Conduct.

Signature _____

Date _____

Please send this form and supporting documentation to the Office of the Dean of Students.

Address: Christopher Newport University
Student Affairs
1 Avenue of the Arts
Newport News, VA 23606

Office: DSU Suite 3127
Fax: (757) 594-8439
Phone: (757) 594-7160
Email: dosa@cnu.edu

For more information visit the website at <http://cnu.edu/life/disability/>