



## REQUEST FOR SERVICES & ACCOMMODATIONS

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 requesting a change to my accommodations.

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

- Fall 20\_\_\_\_
- Spring 20\_\_\_\_
- Summer 20\_\_\_\_

**3. Please confirm that there is a disability \_\_\_YES\_\_\_NO and describe the limitations or barriers it presents.**

\_\_\_\_\_

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

- Academic – classroom, testing, note-taking, etc.
- Residence Hall – meal plan, 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 access your academic responsibilities or other college activities. Students are granted reasonable accommodations therefore not all requests may be granted. *Essential elements of the Liberal Learning Foundations requirement will not be waived.* However, students will be reasonably accommodated to access their educational programs.**

\_\_\_\_\_

\_\_\_\_\_

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

- 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 five years 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.**

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

**Address:** Christopher Newport University  
Office of the Dean of Students  
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](mailto:dosa@cnu.edu)