

Student Accommodation- Renewal or Change Requests

Hackensack Meridian School of Medicine (“HMSOM”) is committed to providing students with disabilities equal access to its educational opportunities and programs. HMSOM’s Student Reasonable Accommodation Request Policy is implemented in the context of the Americans with Disabilities Act (ADA) of 2008 as amended, Section 504 of the Rehabilitation Act of 1973 (Section 504), and the New Jersey Law Against Discrimination, which prohibit discrimination on the basis of disability. HMSOM provides students with reasonable accommodations in accordance with the ADA/Section 504 and applicable state law and its policies governing same.

You are not required to submit this form if you are seeking mid-Phase modifications to your Letter of Accommodation. Please contact the Director of Student Accessibility Services to discuss mid-phase changes to your current Letter of Accommodation.

You should submit this form if you are:

- Currently receiving accommodations and wish to extend the same accommodations to your next Phase; or
- Currently receiving accommodations but seeking new or additional accommodations for next Phase.

We recommend that you submit this no later than June 1 prior to the start of the next Phase. If you have any questions about this application, or require assistance in completing this form, please contact Student Accessibility Services at Accessibility@HackensackMeridian.org.

Name: _____

Legal Name (if different): _____

Student Identification Number: _____

Anticipated Graduation Date: _____

Current Phase _____

HMSOM Email Address: _____

Preferred Telephone Number: _____

Address: _____

City: _____

State: _____ Zip Code: _____

Accommodations are only in effect after you have received a Letter of Accommodation from the Director of Student Accessibility Services. You will be contacted by Student Accessibility Services after review of your application and any submitted documentation in support of application.

Are you submitting this application to extend your existing Letter of Accommodation to your next Phase, without changes?

Yes

No

If you are **not seeking any additional changes**, please sign the document below and submit this form. The Director of Student Accessibility Services will review the documentation you have previously submitted to determine whether it is older than three (3) years.

If the documentation on file with Student Accessibility Services is more than three (3) years old, you will be asked to submit new documentation in support of your request which meets the standards contained in the HMSOM's Student Reasonable Accommodation Request Policy. If you have documentation that is less than three (3) years old which meets the requirements of the HMSOM's Student Reasonable Accommodation Request Policy, you may also submit it with this request.

Are you submitting this application to **modify** your current Letter of Accommodation for the next Phase? *Note: You may contact the Director of Student Accessibility to request mid-Phase modifications to your Letter of Accommodation at any point during the Phase. You are not required to submit this form if you seek mid-Phase changes.*

Yes

No

Are you looking to add additional accommodations for the next Phase?

Yes

No

Please describe the additional accommodations you seek for the next Phase.

Are you looking to modify any of the existing accommodations in your Letter of Accommodation for your next Phase?

Yes

No

Please describe the modifications you seek.

In support of your application, you are required to submit documentation from your treating healthcare provider or by an otherwise qualified professional explaining the basis for the requested change, amendment or addition to your Letter of Accommodation. Your documentation must meet the guidelines that are included in the HMSOM Student Reasonable Accommodation Request Policy.

Is the documentation attached?

Yes No

Your accommodations, if any, are only in effect after you have received a Letter of Accommodation from the Director of Student Accessibility Services. If you have any questions about this application, or require assistance, please contact Student Accessibility Services at Accessibility@HackensackMeridian.org

I certify that the information entered on this form is accurate. I understand that my accommodation request(s) cannot be considered until appropriate documentation is submitted. I understand HMSOM's use of the information on this form as stated above. I understand that HMSOM is not a confidential resource. I understand that by typing my name below, it is the legal equivalent of my handwritten signature.

Signature

Date:

___/___/___