

SUFFOLK UNIVERSITY LAW SCHOOL ACCOMMODATIONS REQUEST FORM

Name: _____ Class Year: _____
ID#: _____

Address:

Street City Zip Code

Telephone: _____ Email: _____

Requested Exam and/or Classroom Accommodations

Date Student Signature

You must submit appropriate supporting clinical documentation with this form. Note that, depending on your disability, you may need to submit updated documentation with each new request. See guidelines for documentation at [Disability Services - Law School](#).

Mail, fax or email this form and your clinical documentation to:

Ann McGonigle Santos
Associate Dean of Students & Disability Compliance Officer
Dean of Students Office
Suffolk University Law School
120 Tremont Street, Suite 410
Boston, MA 02108
Phone: 617-573-8157
Fax: 617-305-3214
Email: asantos@suffolk.edu

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Action:

By:

Disability Services/Dean of Students Office

Date

Agreement of Understanding

Suffolk University Law School is dedicated to extending all available services, programs, and activities to our students with disabilities, in accordance with Section 504 of the Americans with Disabilities Act. To facilitate equal educational and learning opportunities for students with documented disabilities, the Dean of Students Office oversees Disability Services for the law school.

By signing this form and initializing each statement:

I understand that I must work directly with the named Disability Compliance Officer at Suffolk University Law School regarding any disability accommodation request. _____.

I understand that I must check email daily and respond to requests related to my accommodations in a timely manner. _____.

I understand that receiving accommodations in law school is not a guarantee that I will receive accommodations on the Bar examination, MPRE, or other professional licensing exam. I further understand that I must work directly with the Bar exam authorities to request accommodations on the Bar exam and MPRE. _____.

I understand that I must submit an [Accommodation Request form](#) at the beginning of each academic year, by the deadline or a reasonable time thereafter, articulating specific requests for accommodations. _____.

I understand that the Disability Compliance Officer may require additional information from my health care professionals in order to process my request. _____.

I have read the law school's [Essential Performance Standards](#) and understand that accommodations will not be granted if those accommodations "fundamentally alter" the educational program or academic requirements that are essential to a program of study at Suffolk University Law School. _____.

I understand that if I require alternative texts as an accommodation, I must purchase that text and submit the receipt in a timely manner to the University Alternative Text Specialist. Any delay in my delivering the receipt to the Text Specialist could result in a delay in receiving my text. _____.

I understand that if I have concerns about accommodations that have been granted to me, I must schedule a meeting to discuss those concerns with the Disability Compliance Officer within 1 week of receiving notice of my accommodations, or, if the concern is related to the way in which an approved accommodation is executed, then as soon as practicable after the concern arises. See also: [Disability Services Grievance Procedures](#). _____.

I understand that I may not alter previously approved exam accommodations or conditions on the day of the exam, absent extraordinary circumstances. _____.

I understand that if I am granted exam accommodations (including additional time accommodations), my exam may start earlier than the time posted for non-accommodated students.

_____.

I understand that I am not to discuss any exam accommodation with my faculty or other law students. _____.

I understand that if I cannot use Examssoft during an exam, I must handwrite my exam unless otherwise stated. _____.

I understand that if I am late to my exam, I will not have time added to my exam to compensate for the lateness unless I have an emergency for which relief may be granted under the [Exam Postponement Policy](#), which applies to all students. _____.

I understand that, absent extraordinary circumstances supported by documentation, I must take all of my exams within the defined exam period. _____.

I understand that if I am dissatisfied with any decision of the Associate Dean of Students regarding reasonable accommodations, I may file a grievance to appeal the decision. See [Disability Services Grievance Procedures](#).

Signature: _____

Date: _____