Request for Accommodations

The Dean of Students Office expects students to submit this form ONLY if:
1. You have a documented learning disability supported by a current psychoeducational evaluation,
2. You have a current documented physical, psychological or psychiatric disability, or
3. You believe you have a disability and would like more information about Occidental’s documentation requirements.

RETURN THIS FORM BY July 1 in the “Confidential Disability Accommodation Forms” envelope OR directly to the Dean of Students Office F50, Occidental College, 1600 Campus Road, Los Angeles, CA 90041-3314.

Please attach documentation to this form. If it is not possible to provide documentation by July 1, please explain when the documentation will be provided and/or contact the Dean of Students Office by phone at (323) 259-2969 or fax at (323) 341-4927.

For additional information or assistance with this form, contact the Dean of Students Office at (323) 259-2969.

Name:
(PLEASE PRINT) LAST FIRST MIDDLE

Address:
STREET
CITY STATE ZIP

Phone: E-mail:

Parent(s) E-mail(s):

YOU WILL BE CONTACTED BY EMAIL IF MORE INFORMATION IS NECESSARY.

ACCOMMODATION APPROVAL
Before you are eligible to receive accommodations, you are required to meet with an administrator in the Dean of Students Office to discuss:
1. Whether your documentation meets Occidental’s requirements, and if further documentation is needed
2. The types of accommodations available at Occidental, and
3. The types of accommodations and resources that may meet your needs.

Please briefly describe your disability or disabilities.
Request for Accommodations CONTINUED

How does your disability affect your academic performance and/or other aspects of your college experience?

________________________________________________________________________________________

________________________________________________________________________________________

Please list your requested accommodations. Have you used these accommodations in the past? If so, how were they helpful? Accommodations will be provided based on a review of appropriate documentation by the Dean of Students Office.

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Please check each placement exam you intend to take during orientation.

☐ Language Placement Exam
☐ Chemistry Placement Exam
☐ Calculus Placement Exam
☐ Music Theory Placement Exam

Which Language? ____________________________

Please use this space for any additional information you would like to provide.

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SIGNATURE ___________________________________________ DATE ____________________________