



Pacific College of Oriental Medicine

110 William Street, Nineteenth Floor • New York, NY • 10038 • (212) 982-3456

New York Campus

Disabled Student Services- Declaration and Accommodations Request Form

If you are a student with a disability who would like to request accommodations, please fill out both pages of this form and schedule an initial in-person appointment with a **Disabled Student Support Services Officer (DSS Officer)**.

All programs:

NY Director of Student Services & College Section 504 Coordinator

Ashley Kowal

akowal@pacificcollege.edu

212.982.3456 ext. 250

Name _____ Phone # _____

Email Address _____

Educational Program _____ Current Term _____

Please describe disabling condition and accommodations requested:

Disabling Condition: _____

Accommodations requested: _____

In order to receive accommodations, you may be required to provide verification of your disability, such as medical, psychological, and/or educational assessments of the impairment and current functional limitations. If you have verification, you may submit it with this form at your initial meeting with a Disabled Student Services officer.

Please indicate the name, title, phone number, and office address of your verifying professional:

Please read, initial and sign below.

_____ I understand it is my responsibility to make a disability known and to provide proper documentation from an appropriate professional describing a diagnosis, limitations, and recommended academic adjustments and/or auxiliary aids.



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___ I understand that academic adjustments and/or auxiliary aids are not automatically granted.

___ I understand that accommodations may not be granted retroactively or prior to review of a complete application, including supporting documentation, and written approval of accommodations by Pacific College of Oriental Medicine.

___ I understand that accommodations do not exempt me from adhering to all College policies and guidelines including academic policies, Codes of Conduct, and Technical Standards as outlined in the Student Catalog and course syllabi.

My signature below certifies that the information provided is accurate and acknowledges that I am fully aware of my responsibilities as it relates to my request for academic accommodations. My failure to follow these guidelines may result in a delay of services.

Student Signature _____ **Date** _____

Date Received: _____ **Staff Signature:** _____