



Student Request for Accommodations

Dear student:

In support of your application for accommodations on the basis of a diagnosed disability or other challenge to learning, please complete this form and return it to Colette Davison, Dean of Students and Coordinator of Disability Services. If you have any questions, please contact Colette at cdavison@erikson.edu. On receipt of your application, Colette will contact you to arrange a time to meet.

Demographic information

Name:	
Address:	
Telephone number:	
Email address:	
Student ID, if known:	
Academic program year: (1 st , 2 nd , etc.)	
Erikson program you are currently enrolled in (include specialization if you have one):	

Information about your learning needs

1. Reason for seeking accommodations (describe the nature of your disability, your current diagnosis, and the ways in which your disability presents challenges to your opportunities to fully engage in learning activities on campus). If you do not have a diagnosed disability, please describe the challenges you think you will be facing in your academic courses and field experiences.

2. If you have a history of receiving accommodations in a previous school, please describe what they were and what you think was most helpful to you.

3. If you have documentation available, such as test results, licensed physician's letter, licensed mental health professional's letter, licensed learning disability specialist letter, or previous school records please indicate it in the box below.

4. When will you be available to meet with the coordinator of disability services?

Colette Davison
Dean of students and Coordinator of Disability Services
Erikson Institute
451 North LaSalle Street
Chicago, IL 60654
Tel. 312 893 7173
Fax 312 755 0928