

Academic Adjustment Request Form for Reasonable Accommodation

Student’s Name: ID#: Date:

Semester(s):

Course(s): Name of Instructor(s):

Academic Program:

Name of Director/Program Chair:

Name of College Dean:

Student’s Requested Academic Adjustment as a Reasonable Accommodation:

Rationale for Request for Reasonable Accommodation:

Has the Office of Disability Support Services (DSS) been provided with all relevant information on the requested accommodation and made the determination that this request is supportable by the documentation provided of a qualifying disability and the student’s present functional limitations on a major life activity?

Yes No

This part is to be completed by the DSS Director (or designee) in consultation with the course instructor and other appropriate participant(s) (which may include, without limitation, the Director/Program Chair, College Dean, etc.). Before completing this section, please read the attached **Process for Reviewing a Student Request for Academic Adjustment as Reasonable Accommodation**.

1. Does CSU San Marcos agree to grant the student’s above requested academic adjustment as a reasonable accommodation for a qualifying disability?

Yes No (Then fill out below)

CSU San Marcos ***does not agree*** to grant the requested academic adjustment as a reasonable accommodation for a documented qualifying disability that limits a major life activity after consultation with DSS based on one or more of the following reasons (explain below): (1) the academic adjustment would fundamentally alter the educational program of instruction (2) the academic adjustment would interfere with or violate a licensing requirement of the educational program and therefore result in an undue administrative burden, and/or (3) the academic adjustment would negate a requirement essential to the educational program and therefore result in an undue administrative burden. If other academic adjustments and/or accommodations were considered, then please explain below.

2. An alternative accommodation has been negotiated in consultation with the course instructor and other appropriate participant(s). Consequently, the following reasonable accommodation(s), in the form of the below academic adjustments or aids has been agreed upon:

**We have used an interactive process in making our decision about the requested academic adjustment as a reasonable accommodation for a qualifying disability. DSS was involved in the decision-making and the decision makers considered both the needs of the student as well as the overall integrity of the academic program. Additional or future requests for an academic adjustment as a reasonable accommodation for a qualifying disability by the student will be addressed in a separate form.**

Dean of College Date

Signature of Course Instructor Date

Signature of Director/Program Chair Date

Signature of DSS Director (or Designee) Date

**Students have the right to appeal this decision (in written format) directly to the ADA Appeals Officer (Dean of Students), who is located in USU 3500.  The appeal must be submitted within 7 working days of the denial. The appeal can be submitted in person, via email to** [**dos@csusm.ed**](mailto:dos@csusm.ed)**u or by regular mail. The ADA Appeals Officer will consult with all parties and render a written decision within 7 working days.**