



## Eastern Nazarene College Disability Accommodations Request

Student Name	Social Security Number
Campus Box #	Phone Number
Major	(circle one) Freshman    Sophomore    Junior    Senior    Graduate

**Disability Category** *(check all that apply and complete description below)*

**Learning Disability**

**Physical Challenge**

**visual**     **hearing**     **orthopedic**     **neurological**     **respiratory**     **other**

### Description of Disability

*(Please describe the particular limitations and challenges that your disability may present, and the ways in which your ability to fully access and participate in life at ENC may be hindered.)*

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### Documentation

**(Please attach relevant reports** which verify the nature of your circumstances. This diagnostic evaluation must be provided by a learning specialist or professional in medicine. The evaluation must be current, within three years of your enrollment at ENC. The College reserves the right to request an annual update.)

Name of professional	Date of Evaluation
Phone Number	Place of employment

## Academic Accommodations

*Check any aids which you feel may be helpful in enhancing your academic experience:*

- Alternative Testing in CAS**
  - Extended Time on Tests**
  - Oral Testing**
  - Scribe Assistance for Testing**
  - Notetakers for class**
  - Taped Texts** (If requesting this service, are you registered with Recording for the Blind? \_\_\_\_\_ )
  - Recorded Classroom Lectures**
  - Accessible Classrooms**
  - Other needs (please briefly describe)**
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## Notification

To better serve you, a representative from the Center for Academic Services will contact student development, professors and your academic advisor to explain your circumstances, and any subsequent accommodations that may enhance your academic experience. Please provide your signature to indicate your consent in allowing the CAS to impart relevant information to ENC staff in a confidential and professional manner:

\_\_\_\_\_  
*Signature of Student*

CAS is allowed to discuss your academic progress with parents or guardians: \_\_\_\_\_  
**Initial Here**

Please Return the Completed Form to:

Bill Boozang, Director  
Center for Academic Services  
3<sup>rd</sup> Floor Gardner  
Phone: 617-745-3837  
e-mail: [William.f.boozang@enc.edu](mailto:William.f.boozang@enc.edu)