



ACADEMIC AND RESIDENTIAL LIFE ACCOMMODATIONS REQUEST FORM

Before completing this form, we encourage you to review CEA CAPA's [Academic and Residential Life Accommodation Policy](#). We also encourage you to speak with your current health care provider, home institution disability/accommodation office, and/or others involved in supporting you. **It is very important to complete and submit this form to CEA CAPA, along with the required supporting documentation, at least 30 days before your program withdrawal date.** Requests received after your program's withdrawal date may not be processed due to time limitations to investigate and assist in securing reasonable accommodations.

Please complete this form with as much detail as possible and attach appropriate documentation to support your request. Examples of appropriate documentation can be found within the Academic and Residential Life Accommodation Policy.

Completion of this form does not guarantee that your accommodation request will be granted. Accommodations may not be available in a program location or may differ significantly from accommodations you receive at your US institution. Please be aware that accommodations may incur additional costs or fees, all of which will be your responsibility.

CEA CAPA may contact you directly to discuss your request. CEA CAPA will review your Academic & Residential Life Accommodation Request Form and notify you of what reasonable accommodations may be available in your program location.

***For Barcelona students receiving accommodations, all exams will be scheduled on Fridays*

Section I: Academic & Residential Life Accommodation Request (Completed by Participant)	
Participant Information	
Participant Last Name:	Participant First Name:
Home Institution:	
Program Location:	Program Type: <input type="checkbox"/> CEA CAPA Study Center <input type="checkbox"/> Hybrid <small>(Partner Institution & CEA CAPA Study Center)</small> Are you participating in a Career & Internship Program? <input type="checkbox"/> Yes <input type="checkbox"/> No
Term: <input type="checkbox"/> Spring <input type="checkbox"/> Summer <input type="checkbox"/> Fall <input type="checkbox"/> J-Term	Year:

Medical Information	
Qualifying Condition (Check all that apply)	
<input type="checkbox"/> ADD/ADHD	<input type="checkbox"/> Mental Health
<input type="checkbox"/> Autism Spectrum	<input type="checkbox"/> Neurological Condition
<input type="checkbox"/> Chronic Medical	<input type="checkbox"/> Restricted Mobility
<input type="checkbox"/> Concussion or Brain Injury	<input type="checkbox"/> Vision Impairment – Blind/Low Vision
<input type="checkbox"/> Hearing Impairment – Deafness/Hard of Hearing	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Learning Disability	
Please describe how your condition impacts your educational experience:	
Support Services and Accommodation Request	
Please describe your accommodation needs:	
Do you receive these accommodations as described from your home institution? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you use a service dog?*	Do you have an emotional support animal?*
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
*See the Accommodation & Residential Life Accommodations policy for additional requirements related to service, emotional support, or assistance animals.	
Is there anything else we should know about you or your condition?	

Supporting Documentation

Please provide supporting documentation verifying your need for accommodation. Refer to the [Academic & Residential Life Accommodation Policy](#) for guidance on appropriate documentation.

Home Institution Official (who approved accommodation, if applicable):

Name:

Phone number:

Email address:

May we contact: Yes No

Participant Acknowledgement

By submitting the CEA CAPA Academic & Residential Life Accommodation Request Form, I acknowledge and understand that CEA CAPA will make reasonable efforts to investigate and secure reasonable accommodations as listed above in my program location as long as this form is submitted before my program withdrawal date. I further acknowledge and understand that reasonable accommodations are not guaranteed and may not be available in my program location. I understand that if my accommodation request is granted, I will be responsible for paying any associated costs incurred. Should I not be able to participate in a CEA CAPA program due to accommodations not being available, I am subject to [CEA CAPA's published withdrawal and refund policies](#). I further acknowledge that I have read and understand CEA CAPA's [Academic & Residential Life Accommodation policies](#) as listed on the website, and that this policy is subject to change at any time.

Participant Signature: _____ **Date:** _____

**Section II: CEA CAPA/Partner Institution Academic & Residential Life Accommodations
(Completed by CEA CAPA Staff)**
CEA CAPA Academic & Residential Life Accommodations

Based upon the information provided by the participant, CEA CAPA:

___ will provide the support services and/or accommodation as requested

___ will not be able to provide the support services and/or accommodation as requested

___ will provide modified support services and/or accommodation, as described below:

<p>Based upon the information provided by the participant, the local Partner Institution _____:</p> <p>(Required only if participant is enrolled in a hybrid offering)</p> <p>___ will provide the support services and/or accommodation as requested</p> <p>___ will not be able to provide the support services and/or accommodation as requested</p> <p>___ will provide modified support services and/or accommodation, as described below:</p>	
<p>CEA CAPA Staff</p> <p>Name: _____</p> <p>Title: _____</p> <p>Signature: _____</p>	<p>Date: _____</p> <p>(dd/mm/yyyy)</p>

Section III: Participant Confirmation (Completed by Participant)

<p>I have read and understand the proposed support services and/or accommodation(s) for my CEA CAPA program term.</p> <p>___ Yes, I accept the support services and/or accommodation as described above.</p> <p>___ No, I do not accept the support services and/or accommodation as described above.</p> <p>Comments:</p>
<p>Participant Signature: _____ Date: _____</p> <p>(mm/dd/yyyy)</p>