# Request for Accommodations Form (RAF)

Once a student has been accepted to a degree program at LSU Health Shreveport, they should immediately begin the application process for obtaining accommodations. The required documentation should be submitted ***at least three weeks before the start of the semester*** or immediately following an injury or illness, to initiate the accommodation process.

Students seeking academic accommodations must submit the following documentation to their school's dean (or dean's designee) for review:

1) RAF form
2) Record of previous academic accommodations (if applicable)
3) Documentation of the disability (For specific documentation guidelines please review the LSUHS Student Policy for Requesting Accommodations)

**Please note:** Students are advised to keep a copy of any documentation materials submitted as part of their request for accommodations.

The dean (or dean's designee) determines if student meets criteria for a disability under ADA and informs the student via email if their request for accommodations has been approved or denied. If accommodations are approved by the dean (or dean's designee), the student is encouraged to review and renew this process each year to check for possible adjustments of accommodations in new training settings (e.g., from preclinical classrooms to clinical/hospital settings).

## STUDENT BIOGRAPHICAL INFORMATION

Name: _____
Last First Middle

LSUHS Degree Program: _____

Student ID#: _____ DOB: _____

LSUHS Email Address: _____ Phone number: _____

## STUDENT DISABILITY INFORMATION

Please indicate your diagnoses: _____

Please describe your disability or medical condition below AND attach documentation of the disability from a qualified profession per the guidelines in the LSUHS Student Policy for Requesting Accommodations:

## ACCOMODATION(S) INFORMATION

Please indicate the accommodation(s) requested:

How long will the requested accommodation(s) be needed? _____

Have you been previously granted the requested accommodations in an academic setting? Yes* ☐ No ☐ N/A ☐

Have you been previously granted the requested accommodations for a standardized test (e.g., ACT, SAT, GRE, MCAT)? Yes* ☐ No ☐ N/A ☐

*If yes, please attach record of official accommodations plan.

**I certify that the information contained on this form and submitted with this form is true and correct.**

**Student signature: _____ Date: _____**

The completed RAF form and supporting disability documentation should be submitted to:

**LSU Health Shreveport - School of Allied Health Professions**
Phone: (318) 813-2908, Fax: (318) 813-2115, Email: ShvAHStudentAffairs@lsuhs.edu

**LSU Health Shreveport - School of Graduate Studies**
Phone: (318) 675-7674, Fax: (318) 675-4343, Email: ShvGraduateStudies@lsuhs.edu

**LSU Health Shreveport- School of Medicine**
Phone: (318) 675-5339, Fax: (318) 675-5077, Email: ShvStudentAffairs@lsuhs.edu

*All documentation submitted by students is kept confidential, and is used solely to determine eligibility for accommodations in their degree program. Any information provided is considered an educational record and is subject to the Family Educational Rights and Privacy Act (FERPA). Program transcripts do not include any specifics about the disability or accommodations provided. The nature of the disability will remain confidential between the student and their school's academic dean (or dean's designee). Faculty and staff will not be notified as to the student's specific disability.*