



Office of Student Accessibility and Advocacy
Telephone: 610-921-7503
Fax: 610-929-6793
SAA@albright.edu

Application for Temporary Medical Accommodations

Rev: 11.18.24

Please use this form if you are a student requesting temporary medical accommodations related to a prolonged illness, upcoming surgery, pregnancy or parenting, concussions or other injuries treated by external providers, etc. Please complete and submit this form to the Student Accessibility and Advocacy (SAA) office at SAA@albright.edu or in person at the SAA office located in the Student Center. If you need assistance, please contact the office at 610-921-7503.

Student Information

Full Name: _____

Cell Phone Number: _____

Albright email: _____

Home Address: _____

Major/Co-major/Minor: _____

Year in School: Freshman Sophomore Junior Senior SPS

Expected graduation date (month/year): _____

Current Housing Status: On campus - building/room number: _____

Commuter

(Please **print legibly** or **type**; illegible documents will not be processed)

Accommodation Request Details

Type of Accommodation (please select the type[s] of accommodation[s] you are requesting):

Illness/Injury (please describe): _____

Surgery (please describe): _____

Date Scheduled: _____

Anticipated recovery period: _____

Pregnancy, childbirth recovery, parenting

Anticipated due date: _____

Anticipated recovery period: _____

Concussion

Timeline:

Are you still attending classes? Yes No

If no, last date of attendance: _____

Have you discussed this with your professors (SAA will assist with this)? Yes No

Do you have any mobility concerns relating to your temporary medical condition? Yes No

If yes, please describe: _____

Expected Impact on Academics (please describe how your temporary medical condition may impact your classes, assignments, or exams):

(Please **print legibly** or **type**; illegible documents will not be processed)

Accommodation Request Details (cont'd)

Please provide any additional details or specific information to help us understand and support your needs effectively:

Requested Accommodations

Please note that requesting specific accommodations does not guarantee approval. Your accommodation

Academic:

- Excusal from class for medical appointments and recovery (up to 2 weeks)
- Additional time for classwork, exams, or projects
- Reduced course load
- Other (please describe): _____

Health-Related:

- Additional breaks during class
- Access to a private space for nursing/pumping
- Accessible desk and chair
- Temporary accessibility/mobility modifications (please describe): _____
- Other (please describe): _____

Referral to support services:

- Gable Health and Counseling Services
- Academic Advising (to plan for time off, course load, scheduling, etc.)
- Information on off-campus support groups

(Please **print legibly** or **type**; illegible documents will not be processed)

Healthcare Provider Information

Please note: The SAA office requires medical documentation to support the need for specific accommodations. They may collaborate with Gable Health to determine appropriate needs based on diagnosis.

Please provide any supporting documentation that you may have. If you are providing a doctor's excuse note, **please be certain that a diagnosis is provided**. When you meet with the Director of SAA, you may be asked to provide additional supporting documentation or to sign a release allowing us to obtain additional information directly from your provider.

Provider's Name: _____

Provider's contact information: _____

If you have documentation that you would like reviewed, please attach it to this form.

I have attached documentation

I have NOT attached documentation

Acknowledgments and Signature

The Student Accessibility and Advocacy office is committed to helping students work through their temporary medical conditions with the goal of successful course completion. Unfortunately, there are times when a student may need to be absent for a longer period than is considered to be reasonable to successfully continue in their courses. Though absences may be excused, missing classes for an extended time is believed to fundamentally alter the ability to learn, understand, and participate in course content. Students who require an absence of longer than two weeks will be asked to consider a medical leave of absence. Please contact the SAA office if you have questions about a medical leave of absence.

By signing below, I acknowledge the following:

- The information provided above is accurate to the best of my knowledge.
- My medical information will be kept confidential. Relevant academic staff/faculty members will be informed only of the specific accommodations required to support my education.
- I am required to engage in an interactive process with the SAA office to establish my accommodation plan.
- I will notify the SAA office of any changes in my condition and may request an adjustment to my accommodations. If I fail to participate in follow-up appointments, accommodations may be discontinued.
- I will be asked to provide documentation to support specific accommodation requests.
- I am responsible for completing all assignments and coursework within the timeframe provided in my accommodation plan.
- If I miss classes for more than two weeks, I will be recommended for a medical leave of absence. I understand that if I choose not to take a medical leave of absence there is a low likelihood of successfully completing my current classes, resulting in failing grades on my transcript. I will consult with my advisor and with the Financial Aid office before making a decision regarding medical leave of absence.
- Pregnancy and parenting only:
 - I understand my rights under Title IX and the role of Albright College in supporting me in this matter (for information on Title IX, please refer to Albright's [Title IX guidance for students](#)).
 - I understand that I am required to notify the SAA office within 24 hours of delivery.

Student Signature

Date