

Section A. Student Information (continued)

A1. Reasonable accommodation(s) (continued)

A2. State the estimated duration for the accommodation(s).

From _____ To _____

A3. The Health Care Professional(s) who will be submitting information with respect to my condition(s) and accommodation(s) is (are):

Signature

Date

Section B (continued)

B3. Please describe in detail the student's disability(ies) and the effect the disability has on the student's ability to perform the requirements of the law school curriculum. If necessary, attach a separate sheet.

B4. What is the expected duration of the disability(ies)?

Permanent? Yes _____ No _____

If no, from _____ to _____

B5. Describe your medical recommendations and state:

a) Why and how the proposed accommodation(s) will offset the effect of the disability; and,

b) Whether any other accommodations would have a similar effect.
