



KEISER UNIVERSITY Disability Registration Agreement

- A. I understand that I am registering for services from Keiser University and that I may be eligible for services such as information, referral, reasonable adjustments/accommodations and/or other individualized services that may be needed for access to courses, programs or facilities. If Keiser University is unable to provide the necessary services, I will be referred to other appropriate community agencies.

Keiser University Adjustment/Accommodations Disclaimer

I am aware that:

- The types of adjustments/accommodations provided to students with disabilities will vary depending on the nature of the disability and the course content.
- It is not unusual for there to be an initial trial and error period of finding the best way to accommodate the student.
- The university is committed to assisting students and faculty in finding reasonable alternative accommodations that are effective.
- The overall goal is to promote student independence and success within the context of a competitive academic environment.
- The student is asked to be a responsible and active participant in this process by advising the campus president if he/she encounters any problems.
- The granting of accommodations by the university disability services coordinator/Accommodations Review Committee in no way guarantees that accommodations or equipment will be granted by outside entities (i.e., rotation sites, clinical sites, testing boards, employers, etc.) and it will be the student's responsibility to acquire accommodations and/or auxiliary aids.

Student Initials: _____

- B. I understand that the university needs disability information to provide services and to conduct reporting and research functions. This data is classified by disability.
- C. I understand that as a student, I am responsible for reviewing the rights and responsibilities pertaining to disability access.
- D. I understand that I will not be eligible for services if I do not provide documentation of a diagnosed disability, do not have a diagnosed disability, or do not follow Keiser University policies and procedures.

- E. I understand that if I request Keiser University to facilitate adjustments/ accommodations on my behalf, the university may need to consult with other university personnel. I give my permission to have disability related information shared with appropriate University personnel (i.e., Office of Student Financial Aid, Academic Affairs, and/or appropriate faculty) to facilitate such requests.
- F. I understand that I must meet with the dean and the faculty member of record prior to each term to ensure that adjustments/accommodations are provided.
- G. I hereby authorize Keiser University's disability services coordinator (DSC) and Accommodation Review Committee (ARC) to contact my health care provider, if needed, to obtain relevant information to assist the ARC in reaching a decision regarding my adjustment/accommodation request.

I disclose my disability as:

Student Signature: _____ **Date:** _____

Campus President: _____ **Date:** _____