

## KEISER UNIVERSITY Request for Adjustments/Accommodations

	igits of Social Se	-			
Full Home A	Address:				
City:		State	) <b>:</b>	Zip:	
Home Phon	e:				
Email:					
Are you a:	☐ Current Unders ☐ Current Gradus ☐ Prospective Unders ☐ Prospective Gradus	ate Student ndergraduate Stud	lent		
	ck the Keiser Uni		-	_	
ف Daytona Beach ف Jacksonville ث					ڤ
	ڤ	Orlando	Pen ث	Lakeland ف nbroke Pines	ے Port ف
St. Lucie	Sarasot ث	ta	Tallahasse ڤ	e ٿ Tampa	
ڤ West Palm Beach ڤ Graduate School ڤ New Port Richey		eCampus ٿ		Clearwater ڤ	
Please indi	cate your major	(if known):			
have been of Atten  Physical Learn  Psych	sting adjustment diagnosed with: tion Deficit Disorde cal Disability (spec ling Disability cological Disability Disability (specify	(check all that a er cify type):	pply).	ser University be	ecause I
Date First D	Diagnosed:				

## **Student Self-Report:**

	e back of this sheet, list and explain each of the
	questing. Please be as specific as possible. For
example, if one of your requests is extend	ded time for in-class exams, specify the amount of
additional time (e.g., "50% more time on	
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Please retain a copy of this form for your records.