Brandeis University

Summer School Program
480 Old South Street
Tel: 781-736-3424
Fax: 781-736-8124

Please return this form to:
Gwenn Smaxwill
Summer School Director
MS 085 – Brandeis University
P.O. Box 549110
Waltham, MA 02454-9110

Brandeis University is committed to creating a diverse community, which includes students with disabilities who may require reasonable accommodations in order to fully participate in the college experience. Please inform us if you have a documented disability by completing this form so that the appropriate offices may prepare for your arrival on campus. Please note that this form is for notification purposes; final determination of accommodations will take place upon review of documentation. Accommodations extended by the Brandeis University Summer School are effective for the Summer Term only. For more information about the kind of documentation that is required, please visit the Academic Services website, at www.brandeis.edu/as. For the summer term, documentation should be sent to the address above.

Name _____
(Please print) First M.I. Last

Permanent Address _____

_____
City State Zip Code Country (if not U.S.)

Telephone _____ Email _____

Nature of Disability _____

Accommodations You Anticipate Requesting _____

The University will determine whether the requested accommodations are reasonable after receipt and review of your full documentation and consultation with medical or other personnel, as appropriate.

Submitting Documentation for Accommodations
Due to the compressed time frame of the Summer School, procedures are different for the summer term. In order to facilitate the provision of accommodations at the start of the summer session, documentation for midyear students should be received **by June 30**.

As a general guide to University policy and procedures, please refer to **Medical/Disability Need-Based Housing**, located at www.brandeis.edu/reslife/forms. Documented requests are due **June 30**.

❑ If you would like the Summer School to share your documentation with the appropriate University Office to begin review in preparation your arrival in January, please check this box.

_____ _____
Student Signature Date