

# FORM 101

## Ohio Northern University College of Law Request for Testing Accommodations

This form is to be completed by the student requesting the examination accommodation. Please print or type.

### General Information

- 1) List your name, address, email address, and telephone number(s).

### Information About the Student's Disability and Its Effect on the Student's Ability to Take Examinations

- 1) Provide the date on which the disability was identified.
- 2) Please describe the nature and severity of the disability and whether it substantially limits one or more of the student's major life activities. Substantial limitation means that the student cannot perform or is significantly restricted in performing the activity. Major life activities include, for example, caring for yourself, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning and working.
- 3) Describe how the disability will, or is expected to, affect the student's ability to complete examinations under the College's standard testing conditions.

- 4) Explain what special accommodations are being requested for examinations. Please specify whether accommodations are being sought for both essay portions and multiple choice or other objective portions of exams.
  
  
  
  
  
  
  
  
  
  
- 5) Explain how the accommodation(s) requested will ameliorate the effects of the student's disability on his or her ability to complete an examination.

Previous Accommodations

- 1) Has the student received special accommodations for an admissions test, including, but not limited to, the SAT, ACT, LSAT, or other examinations?  
 Yes  No

If the answer is yes, please list the admissions test that permitted examination accommodations and the accommodations that were permitted.

- 2) Did student receive accommodations for examinations in undergraduate college or in a post-graduate degree program?  Yes  No

If yes, please list the college or graduate degree program that permitted examination accommodations and the accommodations that were permitted.

- 3) If student has not requested examinations accommodations for past admissions tests or college/graduate degree examinations, please explain why.

Additional Documentation

- 1) List the name, address, email address, and telephone number of each qualified healthcare professional who can provide documentation regarding the student's disability.

I understand that my request for examination accommodations must be submitted by the deadline set forth in the College of Law's "Policy on Disability Accommodations" and must include: (1) a completed and signed Request for Examination Accommodations (Form 101); (2) documentation about my disability and requested accommodations from a qualified healthcare professional, as described in Required Documentation for Examination Accommodations (Form 102); and (3) a completed and Signed Authorization to Share Information (Form 104).

I understand that it is my responsibility to ensure that all forms are submitted by the deadline and that each form has been completed in its entirety, including any records or additional information that is required to be attached to that form. I understand that the College of Law may reject for consideration any request that is incomplete or not submitted in a timely fashion.

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Signature of Applicant

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Date