Georgia Baptist College of Nursing of Mercer University
Declaration of Disability & Accommodation Request

Information contained on this form is CONFIDENTIAL to the extent permitted by law. Your accommodation request will be processed only when the requested documentation is attached. This is a Three-Step Process. Please complete and return to the following address: Mercer University 3001 Mercer University Drive Atlanta, Ga 30341 Attn: College of Nursing Admissions.

Step 1. Initiation of Request. To be completed by student. Attach documentation.

Student: _____ SSN: _____

Local Phone: ( )_____ Expected term & year of Enrollment: _____

Check appropriate box: My condition is: mental physical other (attach explanation)

It is the result of: disease congenital condition injury
unknown other (attach explanation) functional disorder

Describe in your own words limitations caused by the condition you have named. Use additional pages if necessary. ***Documentation of functional limitations must be attached to complete this request.***

Describe the accommodations you are requesting.

Describe how the accommodation will assist you in your performance as a student.

Date	Student's signature

Step 2. Review of Request. To be completed by the Campus Coordinator for Disability Services

Comments/recommendations (please indicate if there are any suggested modifications/changes to the request):

Proposed/completed accommodations(s) with dates:

Date	Coordinator'sSignature

Step 3. Disposition of Request

STUDENT: I acknowledge receipt of this response and I agree disagree
(If you disagree, please give an explanation and attach any necessary documentation.)

Date	Student's signature

This completed form acknowledging the request and subsequent action for reasonable accommodation will be retained by the Office of Enrollment Services. Declaration of Disability Form created 12/9/99