

CHAPMAN UNIVERSITY SYSTEM

Students with a demonstrated disability which inhibits performance on this controlled exam must make arrangements for the appropriate accommodations when registering for the exam. **Specific medical documentation of the disability** (including prior letter from CAS, if available) **must be attached to this request** for consideration by the Disabilities Specialist in the Center for Academic Success. The Dean/Associate Vice Chancellor renders the final decision. Please refer to the following link for acceptable forms of disability documentation, <http://www.chapman.edu/disabilities/docLD.asp>.

This request and the necessary documentation must be submitted with the comprehensive exam application. A new request must be submitted for each exam administration.

Exam Date: _____ New Application Re-Application

BU ID# _____ Home Campus _____ BU Email _____

Name: _____
Last First Middle Initial

Academic Program: _____ Emphasis: _____

I am requesting the following accommodations: _____

Reason for request: _____

Student Signature _____ Date _____

Office Use Only

Comment: _____

Campus Director Signature _____ Date _____

Comment: _____

Disabilities Specialist Signature _____ Date _____

Comment: _____ Approve Disapprove

Dean/Associate Vice Chancellor Signature _____ Date _____

Routing Information (for staff use only)

- Fax request and supporting documentation to BU Central Office at (949) 754-0670.
- BU Central Office will notify the Campus of the decision.
- Campus is responsible for notifying the student of the results.