Belmont Abbey College is dedicated to providing a quality education for all students. This form assists the college in determining what accommodations are needed to ensure access to Belmont Abbey College’s programs and services for students with disabilities.

If you have a diagnosed disability and wish to receive reasonable, appropriate academic accommodations, please take the following steps:

1. **Request Accommodations** – The student must complete this form in its entirety. Please read each item carefully and let the Accessibility Services Coordinator know if there are any questions.

2. **Provide Medical/Professional Documentation** - Attach formal, recent assessment documentation (preferably within the last 3-5 years) from a qualified medical/licensed professional. This documentation should include:
   - Diagnosis
   - The limitations of your diagnosis
   - Recommended academic accommodations for collegiate assignments and study

3. **Email or call the Accessibility Services Coordinator to schedule a personal meeting.** Once you’ve completed this form and obtained supportive official documentation, you and the Accessibility Coordinator should meet personally to review your paperwork and discuss how the college may assist you with reasonable and appropriate measures to ensure access to its courses and programs.

4. **Please allow appropriate time for processing.** This timeframe may vary depending on the nature of the accommodations.

**Returning Students** - If you have been approved for accommodations in a previous session with Belmont Abbey College, please complete this form and check with the Accessibility Services Coordinator to ensure that your prior medical documentation on file is up-to-date and sufficient.

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**The information below is to be completed by the student.**

Name _____________________________________________ Date of Request _______/_____/_______

Street Address (home) ______________________________________________________________________________

City, State, Zip Code ______________________________________________________________________________

Students’ mobile phone number ___________________________ Home/other phone number ___________________________

**Please Disclose Your Official Diagnosed Disability/Disabilities** as described and supported by your medical/professional documentation:

__________________________________________________________________________________________________

__________________________________________________________________________________________________

__________________________________________________________________________________________________

__________________________________________________________________________________________________

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In consultation with your medical/licensed provider, list each specific accommodation that you are requesting to access college programs and services:

__________________________________________________________________________________________________

__________________________________________________________________________________________________

__________________________________________________________________________________________________

__________________________________________________________________________________________________
Please read and check the following statements very carefully:

As a student with a disability as defined by the Americans with Disabilities Act and Section 504, I understand that despite my disability:

___ It is my responsibility to meet with my instructor(s) each term to discuss my accommodations.

___ I must meet the minimum standards set forth by my program of study and the classes I take.

___ Attendance is a critical component of academic success, and I understand that my disability does not supersede class attendance requirements.

___ I am responsible for abiding by all college policies and regulations as detailed in the Student Handbook, and I understand that the existence of a disability does not excuse me from adhering to the college's Code of Student Conduct, which states:

- In keeping with the Catholic Benedictine tradition and history of Belmont Abbey College, I pledge my efforts and responsibility to foster an environment conducive to the pursuit of excellence and virtue.
- I pledge to be respectful towards and actively engage my classmates, my academic pursuits, handbook policies, college property, faculty, staff, the monastic community, and the mission of this college.
- I do this as my contribution to fulfilling the goals set out in the college's mission statement: that in all things God may be glorified and I may be a blessing to myself and others.

If you would like a printed copy of the Student Handbook, please ask a staff member in the Office of Academic Assistance to provide one.

___ I permit the Office of Academic Assistance to receive and confidentially give academic, medical, or counseling personnel information to assist me with appropriate accommodations.

___ I permit the Office of Academic Assistance to receive and give information related to my disability issues only to my parents or guardians. The Office of Academic Assistance cannot share grade or academic-related information with anyone, including parents or guardians, without the student having signed an official FERPA form available through the Registrar's Office.

My signature below verifies that I have read this form in its entirety, and I am registering for disability services with the Office of Academic Assistance at Belmont Abbey College.

_____________________________________________________________         ______________________________
Student Signature                                                  Date

Please submit this form and accompanying documentation to:
Mrs. Carrie Minnich, Accessibility Services Coordinator
Belmont Abbey College
100 Belmont-Mt. Holly Road
Belmont, NC 28012
704-461-6228 (phone)
704-461-6240 (fax)
CarrieMinnich@bac.edu

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