



CONCORDIA UNIVERSITY  
SCHOOL OF LAW

**ACCOMODATION RENEWAL FORM**

*(To Be Completed By Law Student who has already received an accommodation for the same diagnosis in a prior term at Concordia Law.)*

**PERSONAL INFORMATION:**

Date of Request:	G Number:
First Name:	Last Name:
CU Email:	Phone:
Mailing Address:	

**CERTIFICATION OF ORIGINAL DOCUMENTATION AND CONTINUED NEED:**

By completing this request for accommodation renewal, I certify that the information provided in my Accommodation Eligibility Questionnaire continues to be accurate. I also certify that my diagnosis is still valid and accurate, based any information I've received from my treating professional. I understand that I am required to provide any updates to my diagnosis to Concordia University School of Law by submitting the appropriate Reasonable Accommodations Request form (completed by my treating professional) with the updated information.

**PAST ACCOMMODATION(S) AT CONCORDIA LAW:**

Please indicate if there were any issues with or if you have any comments regarding your past accommodation(s) at Concordia Law:

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**ACCOMMODATIONS RENEWAL REQUEST:**

<b>TERM:</b> <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer	<b>YEAR:</b> 20__
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1. Please indicate below the **classroom** accommodation(s) you believe is (are) necessary for you academic success in law school.

- Sign Language Interpreter                       Extensions on assignments/quizzes                       Text enlargement  
 Braille transcription                               Electronic version of materials                       Peer note-taker  
 Other (*please describe*): \_\_\_\_\_

2. Please indicate below the **exam** accommodation(s) you believe is (are) necessary for you academic success in law school.\*

Alternative Formats of the Exam (*please specify*).

\_\_\_\_\_

\_\_\_\_\_

Special Equipment, personal items or personal assistance in the exam room (*please describe*).

\_\_\_\_\_

\_\_\_\_\_

3. If additional testing time on law school quizzes and examinations is requested, please specify the percentage (1.25x, 1.5x, 2x) of additional time requested and give your rationale for why you need additional time.\* Attach a supplemental sheet, if necessary. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. If you are seeking to limit the length of each testing period and provide for breaks in between, specify your time limitations for each testing period and reasons for limitations.\*

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\_\_\_\_\_

\_\_\_\_\_

5. Other Accommodation(s) (*please specify*):

\_\_\_\_\_

6. Attach a printout of your Class Schedule for the term of this request.

**\*All testing, quiz, and exam accommodations must be requested 3 weeks prior to the date of administration. Exceptions to this timeline will be considered only for a new or changed diagnosis.**



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**STUDENT'S SIGNATURE:**

I certify that all the information on this form is true and correct to the best of my knowledge and belief. I understand that the granting of accommodations in law school does not in any way guarantee that I will receive similar, or any, accommodations on any jurisdiction's bar exam.

\_\_\_\_\_  
*Signature of Student*

\_\_\_\_\_  
*Date*

**RELEASE OF INFORMATION:**

I give my permission to Student Affairs, to share pertinent information with Concordia University School of Law staff and faculty for the purpose of coordinating exam and classroom accommodations. I understand that the information shared will be limited to details around academic needs and accommodation only, and that personal information (i.e., diagnosis, nature of academic issue, testing information, etc.) will not be discussed except in extreme circumstances or when this information is necessary in providing the accommodation. I understand that this release is valid for the entire time that I am an enrolled student at Concordia University School of Law.

I have read and understand the information above. I also understand that I can revoke this release at any time.

\_\_\_\_\_  
*Signature of Student*

\_\_\_\_\_  
*Date*

<p><b>For Office Use Only</b></p> <p>► <b>Asst. Dean of Career Services and Student Affairs</b></p> <p><input type="checkbox"/> Verify all required existing documentation present</p> <ul style="list-style-type: none"><li><input type="checkbox"/> Original AEQ</li><li><input type="checkbox"/> Treating Professional Request (Still Valid?)</li></ul> <p><input type="checkbox"/> Accommodation(s) Granted:</p> <p><input type="checkbox"/> Approved Accommodation(s) Arranged</p> <p><input type="checkbox"/> Approved Accommodation(s) Recorded on Tracker</p> <p><input type="checkbox"/> Student Emailed</p> <p><input type="checkbox"/> Documentation Filed in Law School DSS Folders</p>	<p><b>RECEIVED:</b></p> <p><b>ARF Date:</b> _____</p> <p><b>Approved Date:</b> _____</p> <p><b>Initials:</b> _____</p> <p><b>Arranged Date:</b> _____</p> <p><b>Initials:</b> _____</p>
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