

**BS/MS Program in Occupational Therapy**

**CAREFULLY READ THIS DOCUMENT!**

Below are three statements relating to the ***Technical Standards for Admission, Promotion, and Graduation*** document. **Only select the ONE statement that best applies to you.** We will contact students who do not feel confident or who feel they might need some accommodation so that we may develop an accommodation plan¹.After you have signed the appropriate statement, return the signed original document either by mail or in person to: Jaclyn Levesque, 532 Kimball Tower.

**Keep a copy of this form for your records.**

A. I have read and understand the ***Technical Standards for Admission, Promotion, and Graduation*** document. I am confident that I can perform all of the standards described withoutaccommodation.

**Print Name Signature Date**

**OR**

B. I have read and understand the ***Technical Standards for Admission, Promotion, and Graduation*** document. I am confident that I can perform all of the standards described with reasonable accommodation. I agree to meet with the Office of Accessibility Resources and the Program Director to discuss an accommodation plan.

**Print Name Signature Date**

**OR**

C. I have read and understand the ***Technical Standards for Admission, Promotion, and Graduation*** document. I am not confident that I can perform all of the standards described in theaccompanying document, even with accommodation. I agree to meet with the Office of Accessibility Resources and the Program Director to discuss an accommodation plan.

**Print Name Signature Date**

**E-SIGNATURES WILL *NOT* BE ACCEPTED.**

**FAXED COPIES AND EMAILED COPIES OF THIS SIGNED FORM WILL *NOT* BE ACCEPTED**

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¹ Students are not required to disclose the specifics of their disability.

Revised 9/26/19