SFA Commencement Accommodations Request Form

The information requested below is for the purpose of providing reasonable accommodations for students with documented disabilities during commencement ceremonies. Accommodations are determined on a case-by-case basis and all information about your disability will be regarded as confidential. If necessary, the Registrar’s Office may consult with Disability Services concerning the provision of reasonable accommodations. We request that you meet with a Registrar’s Office representative at the Johnson coliseum prior to the commencement ceremony to review and confirm your requested accommodations.

Please answer the following questions:

What is the nature of your functional limitation? ____________________________________________

Is your disability documented within Disability Services? ☐ Yes ☐ No

If your disability is not documented within Disability Services, you must provide supporting documentation from your physician with this form.

Indicate below the specific accommodations you are requesting:

☐ Sign Language Interpreter ☐ Electronic Commencement Program
  ☐ Interpreter on stage
  ☐ Interpreter nearby (at rows end)

☐ Mobility Assistance
  ☐ I cannot maneuver stairs and would like someone to walk in my place until they reach the coliseum floor.
  ☐ I cannot maneuver stairs and would like someone to walk in my place, walk with me to my seat and to the stage.
  ☐ I cannot maneuver stairs and would like someone to walk in my place, walk with me to my seat, to the stage, and assist me across the stage.

☐ Preferential Seating
  ☐ At the end of row.
  ☐ Behind the stage.
  ☐ Behind the stage with someone to assist me across the stage.

Describe any additional, reasonable assistance that you will need during Commencement (Please be specific): __________

______________________________________________________________________________

______________________________________________________________________________

Printed Name: __________________________________________ Telephone No.: __________

Student ID: __________________________________________ Graduation Semester: __________

May ☐ August ☐ December ☐ Year:

Please indicate your time/day preference for meeting with a Registrar’s Office representative at the Johnson Coliseum:

☐ Thursday prior to Commencement @ 2 PM
☐ Friday prior to Commencement @ 10 AM

Signature: __________________________________________

Please provide this completed and signed form to the Registrar’s Office representative during your scheduled meeting at the coliseum.

FOR OFFICE USE ONLY: 1. Were you satisfactorily accommodated? Y ☐ N ☐

FOR OFFICE USE ONLY: 2. Did the accommodations meet your expectations? Y ☐ N ☐