

University of Mary is committed to providing reasonable adjustments for English Language Learners. Students who have been enrolled in English Language Learner classes or who have had an academic intervention plan while in high school or at another postsecondary institution should apply. Your transcript showing enrollment in English Language Learner (classes) or a high school or postsecondary institution academic intervention plan can serve as documentation for receiving academic adjustments in college. Academic adjustments are designed to provide students with an equal opportunity to access college level curriculum; students are expected to perform at the college level. Instructors are not expected to, nor be encouraged to make adjustments that fundamentally alter the essential program and/or course requirements.

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Student Name \_\_\_\_\_ ID# \_\_\_\_\_ Date \_\_\_\_\_

Class  Freshman  Sophomore  Junior  Senior  Grad  Transfer  Non-degree seeking

Cell Phone \_\_\_\_\_ U-Mary Email \_\_\_\_\_

Major(s) \_\_\_\_\_ Advisor(s) \_\_\_\_\_

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### Need for English Language Learner Adjustments

Please describe your command of the English language, especially its academic vocabulary, and its impact on your academic work (learning, mental health, visual, etc.). It is necessary to supply supporting documentation of your English Language Learning experiences – transcript or academic intervention plan.

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Please check the area(s) impacted by your command of English:

- Reading  Writing  Speaking  Attention  
 Anxiety  Mathematics  Listening  Notetaking

Other: \_\_\_\_\_

Have you received academic adjustments previously (high school or a previous college)? Yes

If Yes, please describe \_\_\_\_\_  

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Based on your documented command of English, please describe the adjustment(s) you are requesting to receive. Adjustments may not be applied retroactively.

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When are you seeking adjustments to be implemented?  Fall  Spring  Summer Year \_\_\_\_\_  
 I am not seeking adjustments currently.

Are you enrolled in Student Support Services/TRIO?  Yes  No  No, I would like information.

Please provide any additional information that would be helpful for Student Accessibility Services staff to know about you.

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### Assistive Technology

Are you currently using assistive technology?  Yes  No

If Yes, check all that apply:

- |                                                    |                                           |
|----------------------------------------------------|-------------------------------------------|
| <input type="checkbox"/> Read & Write Gold         | <input type="checkbox"/> Learning Ally    |
| <input type="checkbox"/> Kurzweil                  | <input type="checkbox"/> GLEAN            |
| <input type="checkbox"/> Dragon Naturally Speaking | <input type="checkbox"/> Listening device |
| <input type="checkbox"/> JAWS                      | Specify _____                             |
| <input type="checkbox"/> Zoomtext                  | <input type="checkbox"/> Other            |
|                                                    | Specify _____                             |

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I certify to the best of my knowledge that the information on this form is true and complete without evasion or misrepresentation. I understand that if found to be otherwise, it is sufficient cause for rejections or dismissal. I understand that I will need to provide supporting documentation to support the need for my requested adjustments. I understand that reasonable adjustments are determined after a thorough review of the provided information and an individualized, interactive intake meeting between the Coordinator of Student Accessibility Services staff and me.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_