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STUDENT ACCOMMODATION REQUEST FORM (NON-DISABILITY)

Use this form to request a non-disability human rights related accommodation as per the Academic Accommodations and Accessibility Policy and Procedures.

Submit the form to accessibility@yorkvilleu.ca

Please note that documentation related to your request may be needed. Any documentation of a personal or medical nature can be submitted to the Academic Accommodations and Accessibility Office, who will share (as appropriate) only information related to any functional restrictions or circumstances that require accommodation. The confidentiality of your personal and/or medical information will be safeguarded by the Academic Accommodations and Accessibility Office in accordance with privacy regulations.

Student Information

Name of Student:

Gender pronouns (optional):

Position and Department/Program:

Contact information:

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Accommodation Details

- 1) Which non-disability human rights ground(s) is/are your academic accommodation request related to? Disability related requests should be made through the Student Disability Accommodation Request Form. Religious accommodation requests should be made through the Student Request for Religious Observance Form.

Family status

Students seeking academic accommodation for childcare or eldercare may be expected to make reasonable efforts to first avail themselves of outside resources available to them prior to making an accommodation request. As such, we kindly ask that you indicate in the body of this request whether alternative arrangements have been explored to balance your caregiving and academic requirements (e.g., daycare, babysitting, shared responsibilities with partner, partner request for accommodation with their employer, family and/or friend support).

Sex (including pregnancy, and breastfeeding)

Gender identity and/or gender expression

Other human rights ground(s) (please specify):

- 2) Describe the type of academic accommodation being requested.

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3) Describe why the academic accommodation is required.

4) What is the time period/duration you expect will be needed for this academic accommodation?

5) Please provide any suggestions you have about what academic accommodations options we can explore, and any additional information that may be useful in processing your accommodation request. Please attach any relevant information/further pages if applicable.

Student Acknowledgement & Agreement regarding Confidentiality

I understand that the personal information related to my academic accommodation request, including any supporting documentation, shall be treated as strictly confidential, and shall not be disclosed to other persons without my consent. Information collected will remain separate from my student file. I understand that, in order to implement any academic accommodations, basic information may need to be shared with my instructor or others involved in the accommodation only to the extent necessary and only with my consent.

Signature:

Date: