II. Technical Standards

If you have a temporary or long term disability or special need (e.g.: mobility impairments, chronic illness, dyslexia and other learning disabilities), the School of Medicine is prepared to provide reasonable accommodations to students who are accepted by the School and who have physical and learning disabilities. The University will review the information on the enclosed form in order to determine whether a reasonable accommodation can be made. The University reserves the right to reject any requests for accommodation that, in its judgment would involve the use of an intermediary that would in effect require a student to rely on someone else’s power of selection and observation, fundamentally alter the nature of the School’s educational program, lower academic standards, cause and undue hardship on the School or endanger the safety of patients or others.

We request your cooperation in completing the form below. The University of Rochester School of Medicine and Dentistry seeks this information to ascertain whether reasonable accommodations can be provided to facilitate the planning and coordinating of services for incoming students. Any information you supply will be shared only with appropriate School officials to determine whether reasonable accommodations can be made and if so, to coordinate support services or accommodations for you. Please complete the form on the following page and return it as indicated.

If you have any questions please contact Mary Garner, Program Assistant for Student Enrichment Programs, University of Rochester School of Medicine and Dentistry, 601 Elmwood Ave, Box 601, Rochester, NY 14642; (585) 275.4172. An additional resource is Professor Sally Trafton, ADA Ombudsperson. As the Medical School’s Ombudsperson, Professor Trafton is a visible, yet neutral contact person who is available to explore questions and concerns students have regarding requesting and making accommodations. You may contact her at (585) 275.2194. Professor Trafton’s e-mail address is sarah_trafton@urmc.rochester.edu.

If you have a disability or related special needs, do you anticipate the need for accommodations or support services?

___ YES  ___ NO

If yes, please specify:

Describe the nature of the disability:
(please include learning disabilities)

(if necessary please continue on a separate piece of paper)