

## STUDENT AFFAIRS & ACADEMIC AFFAIRS SPECIAL NEEDS and ACCOMODATIONS POLICY & FORM

Although we make every effort to accommodate your needs, we cannot guarantee the provision of all accommodations. **SEMESTER SNA SUBMISSION DEADLINES - Last day to withdrawal from class as per the RIT Dubai Academic Calendar.** <https://www.rit.edu/dubai/academics/academic-calendar>

**\*Please note that the RIT Dubai is not responsible for any paid support service you prefer and/or require.**

### **SNA Info:**

The SNA Form may be right for you if you have been diagnosed with short-term or long-term special needs such as learning difficulties, a physical disability or an emotional or behavioral difficulties which affect your ability to succeed academically. If you are unsure you should submit this form, please speak with whomever you feel most comfortable to speak to; either your academic advisor or Ms. Kelly Gosa (Student Affairs).

At the beginning of each semester, the (SNA) Form is shared by email with students. All SNA Forms stay in Student Affairs confidential student files. The Forms are only shared with your academic advisor and the Director of Academic Affairs. The Forms or the specific information in it is not shared with faculty nor anyone else as in some cases there is confidential information. It is up to the discretion of the student to share information with faculty in such cases or they can refer the faculty member to either their advisor or myself for clarifications regarding the submission and approval of the form.

### **The SNA process:**

- 1) Student submits the SNA Form and *an original* recent medical letter on UAE clinic or hospital letterhead (both the Form and the letter must be stamped by the doctor)
- 2) The medical letter must be attested by the Health Authority of the Emirate that the clinic or hospital is located in; Dubai, Sharjah, etc. (If required, Student Affairs coordinates with the student for transportation for this step) Once the letter is attested, if required, the form is shared with the Director of the Disability Services Office at the RIT Rochester campus to determine what support a student would receive at the main campus and to assess what our campus is able to provide.
- 3) The letter and the support information is then shared with the Vice President of Academic Affairs at RIT Dubai for approval.
- 4) If approved, the academic advisor notifies the student's specific faculty that the student has submitted an SNA form and it has been attested by the ministry and approved by RIT. This email will share the information regarding the expectations or support from faculty if required.
- 5) Once the email is sent to the faculty, the Assistant Director of Student Affairs will send an email to the student and copy the advisor stating that their faculty have been notified of their approved SNA Form. This email will share the same information regarding expectations of support from faculty. The email will include information for the student and guidance on how to be an advocate for themselves. The student is ultimately responsible to plan ahead with the faculty to ensure that whatever approved support they require is in place.
- 6) The Special Needs and Accommodations Service Agreement (pages 6-8) must be signed by the student and faculty by the start of each semester. The student is responsible for seeking these signatures and returning this portion of the SNA Form to the Associate Director of Student Affairs.
- 7) Both the academic advisor and the Assistant Director of Student Affairs meet the student on a regular basis for feedback and the advisor will seek feedback from faculty when needed.

8) If you require support or wish to inquire about options for support to be successful in your Co-operative Education (Co-op) placement, please indicate so by initialing the below box.

By initialing this box, your name will be shared with the Career Services and Co-operative Education Office to receive more info about Co-op placement support in a discreet and confidential way. (No information will be shared with prospective Co-op employers without you first meeting with a representative of the Career Services and Co-operative Education Office and only upon the student's written consent.)

Your name will be shared confidentially with the Career Services and Co-operative Education Office regarding your SNA Form to support your Co-op placement. After notification, a confidential meeting is required between the student and a representative of the Career Services and Co-operative Education Office. The purpose of the meeting is to discuss what support the student may require for the Co-op placement and what information would be required to share in confidence with the prospective employer to facilitate the Co-op placement.

9) If you require Co-op placement support and opt not to meet with a representative of the Career Services and Co-operative Education Office, please note that the Career Services and Co-operative Education Office will not be in a position to support you with any special considerations of arrangements. For some, not having such support may hinder the completion of the Co-op graduation requirement.

\*Please note that in order to better support SNA students with their Co-op placements, the Career Services and Co-operative Education Office requires a **six month** notice period.

10) At the end of the semester, students will be asked to share their overall feedback on their semester in regard to the SNA process and support.

*\*\*The SNA Form should not be confused with a general absence due to a one-time sick note, etc. This Form is intended to assist with a temporary issue, long-term or permanent issue that a student may be facing.*

## Section 1: Student Information

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Student UID#: \_\_\_\_\_

Program of study: \_\_\_\_\_

Academic advisor: \_\_\_\_\_

Birthdate: \_\_\_\_\_

RIT Email: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Parent's Name and Phone Number (for emergency use only): \_\_\_\_\_

First Year Student?

Undergraduate Student?  Graduate Student?

Gender:       Male                       Female

## Section 2: Special Consideration Category

I require special consideration for specific academic/residence accommodations under the following category:

- Medical                       Cultural or Religious                       Mobility  
 Learning Disability                       Psychological/Emotional/Behavioral  
 Other, please specify:
- 

Is this condition:  Temporary - please give an estimate of the prognosis of the condition:

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Permanent

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I hereby attest that all information on this form and any accompanying documents are accurate and true, and sufficiently describe my needs related to living on campus. I further understand that although every effort will be made to reasonably accommodate students, all academic/residence decisions are subject to review and accommodation decisions will be based on verified need.

**Student's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## Section 3: Details of Requested Considerations

### To be completed by the Student:

I hereby authorize my physician or other appropriate attesting professional to provide the following information to RIT Dubai relating to my request for special accommodations. I understand that in order to properly consider this request, the Student Affairs Office and the Academic Affairs Office may, in confidence, share this information and/or consult with the Centre for Students with Disabilities at the RIT NY campus, the Dubai Silicon Oasis Authority Accommodation staff, RIT Dubai faculty, or other professionals, as appropriate.

**Student's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

The following professionals may complete this section to support your request for special consideration for academic accommodations or residence assignment, only if they are directly treating, counseling or associated with your circumstances: medical doctor, licensed counselor, recognized religious official, member of RIT Dubai's Centre for Students with Disabilities at RIT NY. A separate attached document from the professional is also acceptable in lieu of completing Section 3, if it clearly specifies and supports your requirement(s).

*\* If citing a lifestyle, cultural or religious reason for special consideration, an attesting professional's supporting document/signature is not always necessary. Please complete the below information and we will contact you if we require any other information.*

STUDENT AFFAIRS & ACADEMIC AFFAIRS  
**SPECIAL NEEDS and ACCOMODATIONS FORM**

**Section 4: To be completed by the Attesting Professional:**

***Attesting Professional Information:***

**Name** (*Please print*):

\_\_\_\_\_

**Position:**

\_\_\_\_\_

**Organization:**

\_\_\_\_\_

**Address:**

\_\_\_\_\_

**Email:**

\_\_\_\_\_

**Phone:**

\_\_\_\_\_

**Please describe the specific condition/situation of the student for which special considerations are needed. Please comment on the permanence or prognosis of the condition:**

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**Please indicate below the accommodations that you deem applicable to the needs of this**

**Academic:**

- May require computer or laptop use for lectures and (or) exams if approved in advance by faculty
- Extra time for evaluations (quizzes, mid-terms and exams) but evaluation should be done in the same testing room as all students.
- Private Room for tests and exams with an exam proctor
- May require limited leniency with a course attendance policy if one exists.
- May require the recording of lectures upon permission from the faculty
- May require the recording of lectures upon permission from the faculty
- Recommend faculty's assistance to help partner student with a high achieving student for course lecture note sharing
- If in physical or psychological discomfort from writing due to an injury, may need to verbally record speaking assignments/examinations if approved in advance by faculty or present the assignment/examination directly to the faculty without others in the room

**Non-Academic:**

- May benefit from a more comfortable chair during classes and other long meetings.

**Student Housing:**

- Single Room (student would pay for the single room)
- Daily access to kitchen if in a studio building (one kitchen is always open in studio buildings.)
- Accessibility & building accommodations (e.g. wheel chair ramps)
- Student-supplied equipment (please specify below)
- Other (please specify below)

**If necessary, please elaborate on the nature of accommodations required by this student, as they pertain to the academic/residence facilities available at the RIT Dubai:**

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*I hereby attest that I am familiar with the student in question and their specific needs and by completing this form have recommended for accommodations to be made academically or in student housing that best fits their needs.*

**Attesting Professional's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**FOR STUDENT AFFAIRS OFFICIAL USE ONLY:**

Date Received: \_\_\_\_\_ Reviewed by: \_\_\_\_\_

Deemed Complete?                       Approved                       Rejected

Advisor: \_\_\_\_\_

Notes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**ROCHESTER INSTITUTE OF TECHNOLOGY – DUBAI**  
**SPECIAL NEEDS AND ACCOMODATIONS SERVICES AGREEMENT**  
**Semester Approved: FALL / SPRING 202\_**

To: (Student's Name)  
From: RIT Dubai Student Affairs office  
Cc: Spring and Fall 2020 faculty of (Student's Name)  
Date Approved:  
Expiration Date (if applicable):

**INFORMATION AND PROCEDURES**

The Americans with Disabilities Act (ADA) and Section 504 of the 1973 Rehabilitation Act require educational institutions to provide academic adjustments to students with documented disabilities so they can fully participate in the educational process. In response to your request, the Student Affairs and Academic Affairs Offices have determined that you require the following academic adjustments in your classes at RIT Dubai for the term indicated above. As a global campus of an American University, RIT Dubai will offer support to students as per resources permit.

If you do not feel that these adjustments adequately accommodate your disability, mental health or special needs, you must contact the Student Affairs Office as soon as possible to discuss your concerns. NOTE: Your agreement will automatically renew each semester and be sent to all your instructors unless you contact Student Affairs Office to discuss. For temporary cases, the Student Affairs Office may contact you to discuss a semester renewal. Further documentation may be required.

As agents of the university, your faculty are required to provide you with the academic adjustments listed below.

**Accommodations: You MUST have a discussion with each of your faculty members about how these accommodations will be implemented. This is especially important for evaluation accommodations. Each test, presentation, project, etc. should be discussed in advance, including where and when each test is to be taken.**

**Approved Accommodations:**

(Student's Name) has a **Special Needs and Accommodations (SNA) Form** on file, so we ask your cooperation in providing the appropriate support to help them succeed. While we are not at liberty to divulge the details of the student's special circumstances, we can confirm that the student has gone through the rigorous SNA process and that the student's needs have been thoroughly verified.

**The below accommodations have been approved: (to be added per student)**

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In advance of each test, the instructor must determine where and by whom the extended test time will be proctored if required (in the classroom by the instructor or their designee.)

**ADDITIONAL INFORMATION FOR INSTRUCTORS**

As agents of the university, faculty are required to provide the academic accommodations listed above in order to allow this student to fully participate in the educational process at RIT. Please contact the Vice President for Academic Affairs if you would like to discuss how to offer these adjustments. Note that you are only to offer the above listed accommodations; do not offer additional accommodations which are not listed. Note that it is not appropriate to alter course expectations for this student. Also, please remember that the student name and accommodation information contained in this letter should not be discussed publicly.

The Student Affairs Office and the Academic Affairs Office are committed to working with students, faculty, and staff to ensure that students with disabilities are provided equal access to RIT's diverse and inclusive learning and living environment.

## **ADDITIONAL INFORMATION FOR STUDENTS**

Your semester faculty have been informed of the above points but not of your medical information. This have been kept confidential. If a faculty or other staff member asks you for this information, it's up to your discretion to share your personal medical information.

This is an official agreement. Faculty will provide a reasonable amount of assistance when possible, however, please note that you should not take advantage of having this form on file and you are ultimately responsible to coordinate with your faculty ahead of time, in order to ensure that you have the adequate level of support in your courses.

It is advisable that you become your own advocate and work closely with your faculty to ensure that all course work accommodations and expectations and are clear. It may be helpful to make a monthly calendar and add all of your course assignments to it so you can keep track of all of your course work. This will enable you to plan ahead to coordinate with faculty for our projects, mid-terms, quizzes and exams.

If you have any questions, please do not hesitate to contact either your academic advisor or the Student Affairs Office asap.

Have a great semester!

Kelly Gosa  
Associate Director of Student Affairs  
RIT Dubai  
04 371 2017  
klgcad@rit.edu

**Student Signature:** \_\_\_\_\_

**Date/Semester:** \_\_\_\_\_

**FALL / SPRING 202\_**

**Faculty Signature:** \_\_\_\_\_

**Date/Semester:** \_\_\_\_\_

**Faculty Signature:** \_\_\_\_\_

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**FALL / SPRING 202\_**

**Student Signature:** \_\_\_\_\_

**Date/Semester:** \_\_\_\_\_

**Faculty Signature:** \_\_\_\_\_

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**FALL / SPRING 202\_**

**Student Signature:** \_\_\_\_\_

**Date/Semester:** \_\_\_\_\_

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Additional signature sheets to be added as required.