

STUDENT AFFAIRS AND ACADEMIC AFFAIRS  
**SPECIAL NEEDS ACCOMMODATIONS (SNA) FORM**

People of Determination and Temporary Accommodations

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

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

**SNA Information**

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 behavioural difficulty affecting your academic success. If you are unsure whether you should submit this form, please speak with your academic advisor or the Student Affairs Office.

All SNA Forms stay confidential student files in the Student Affairs Office. SNA Forms are only shared with your academic advisor and the Provost/Vice President for Academic Affairs. It is up to the student's discretion to share information with faculty. SNA students are not required to share SNA related medical or mental health information and can refer the faculty member to either their academic advisor or the Student Affairs Office for clarifications regarding specific student support (confidential information will not be shared.)

For more information, please refer to the SNA policy PNP 5.1.3 via the RIT Dubai Website: (Handbooks and Publications, Policies and Procedures)

*\*\*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 or a 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: \_\_\_\_\_

Mobile Number: \_\_\_\_\_

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

**Student Status:**

☐ First Year Student?    ☐ Undergraduate Student?    ☐ Graduate Student?    ☐ Global Scholar?

**Gender:**☐ Male☐ FemaleDo you reside at RIT Student Housing? ☐ Yes ☐ NoDo you use Commuter Transportation? ☐ Yes ☐ NoAre you a student athlete? ☐ Yes ☐ No**Section 2: Special Consideration Category**

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

☐ Medical☐ Cultural or Religious☐ Mobility☐ Learning Disability☐ Psychological/Emotional/Behavioural☐ Other, please specify:Is this condition: ☐ Temporary - please give an estimate of the prognosis of the condition:☐ Permanent**Co-op Employer Support**

☐ By initialling 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.

*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 needs.*

**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 professionals to provide the following information to RIT Dubai relating to my request for special accommodations. I understand that 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:** \_\_\_\_\_

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

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.

*\* 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.*

**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:**

[illegible]

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

**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 (if on campus and if possible in terms of resources)
- ☐ Limited leniency with a course attendance policy may be required if one exists
- ☐ 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 peer mentor support
- ☐ Verbally record speaking assignments/examinations if approved in advance by faculty
- ☐ Present the assignment/examination directly to the faculty without others in the room if approved and discussed in advance

**Non-Academic:**

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

**Student in Housing:**

- ☐ Single Room (student would pay for the single room)
- ☐ Daily access to the kitchen if in a studio building (one kitchen is always open in studio buildings.)
- ☐ Accessibility & building accommodations (e.g. wheelchair 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 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: \_\_\_\_\_

☐ Approved ☐ Rejected

Notes:

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