Commencement Disability Accommodations Form

Today's Date: ____________________________

Contact Name: ____________________________ Phone Number: _______________________

Contact Email: ____________________________

Graduate’s Name (If different from contact): ____________________________________________

Name of Person Needing Accommodations (If different from Contact):
________________________________________

Please check all ceremonies to which the person needing accommodations will be attending:

☐ College of Computing and Informatics
☐ Pennoni Honors College
☐ School of Biomedical Engineering, Science, and Health Systems
☐ College of Arts and Science
☐ School of Public Health
☐ Close School of Entrepreneurship
☐ College of Nursing and Health Professions
☐ School of Education
☐ Goodwin College of Professional Studies
☐ Lebow College of Business
☐ Westphal College of Media Arts and Design
☐ Center for Hospitality and Management
☐ College of Engineering
☐ University Wide Commencement

Please select all accommodations that apply:

☐ Wheelchair Accessible Seating
☐ Accessible Seating (Non-Wheelchair)
☐ Wheelchair Loan (For riding to and from seats)
☐ Other: __________________________________________

☐ Sign Language Interpreter
☐ Assistive Listening Device
☐ Printed Material in Large Font

Please email or fax all forms to Disability Resources
3225 Arch Street, 3rd Floor, Philadelphia, PA 19104 | Tel: 215.895.1401 Fax: 215.895.1402 | drexel.edu/odr