Graduate Assistantship Disability Accommodation Request

The Disability Accommodation Request (DAR) for Graduate Assistantships must be used when a graduate assistant seeks an assistantship accommodation due to a documented disability. To make a request for accommodation, a Graduate Assistant (GA) must:

1. Complete sections 1, 2, and 4 of this DAR form and provide a copy to the supervisor.
2. Have the physician or care provider complete Section 3 and the Documentation of Disability form.

Questions may be directed to Carolyn Cutrona, Associate Dean of the Graduate College (ccutrona@iastate.edu).

The DAR and Documentation of Disability forms are necessary to initiate a request for accommodation. If, after receiving all of the documentation, the Graduate College concludes the GA is eligible, the department will consider what reasonable accommodations are possible under the circumstances. When a department is able, it may consult with the Graduate College to make job modifications to assist a GA even if the condition is not considered a disability. Making such modifications does not mean the GA is considered disabled.

Section 1: Graduate Assistant Contact Information

Graduate Assistant Name

University E-Mail Address

Phone Number

Local Address

City, State, Zip

Home Address (if different than local address)

City, State, Zip

Section 2: Assistantship Information

Appointment Type

TA (Teaching Assistant) RA (Research Assistant) AA (Administrative Assistant) Other

Department and Major

Faculty Advisor or Major Professor

College of Enrollment for Academic Program

Academic Program or Department of Assistantship Appointment

Assistantship Supervisor

Program level

Master's Ph.D.

Section 3: Accommodation Request Information Related to Your Assistantship

Indicate the physical or mental limitations and expected duration of limitations. (Attach additional pages if necessary).

Please note: it is not necessary to indicate a specific medical diagnosis. Consistent with the Genetic Information Nondiscrimination Act, family medical history, genetic information, or genetic services history should not be provided.
Explain how limitations affect your ability to perform in your assistantship. (Attach additional pages if necessary).

Specifically list the accommodations you are proposing. (Attach additional pages if necessary).

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**Section 4: Accessibility Services**

Are you working with Student Accessibility Services (SAS) for Academic Accommodations?

- [ ] Yes  
- [ ] No

I hereby authorize the release of information regarding my academic accommodations, including any information from my health care provider(s), from Student Accessibility Services to the Graduate College for the purpose of determining the availability of reasonable graduate assistantship accommodations.

Student's Signature ___________________________ Date __________

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