



Disability Support Services (DSS) Accommodation Form

Please use black or blue ink while filling out this form.

Student Name _____

LMU ID

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Disability Support Services (DSS) Part-Time Enrollment Accommodation Policy

LMU Financial Aid grants accommodation to students under the Americans with Disabilities Act (ADA) who are approved by LMU DSS to enroll in less than 12 units. Students who enroll in less than 12 units, under this accommodation, are eligible to receive prorated institutional aid that normally requires full-time enrollment. For example, if a student enrolls half-time, institutional aid would be prorated to 50% as long as the student meets all other eligibility requirements. This accommodation does not apply to federal and state aid programs and part-time enrollment may reduce or cancel some types of federal or state aid eligibility. This policy, in its entirety, may be viewed online at financialaid.lmu.edu/financialaidpolicies.

Part One: Student Acknowledgment and Signature

By signing below, I (the student) acknowledge that I have read and understand the Disability Support Services (DSS) Part-Time Enrollment Accommodation policy outlined on the LMU Financial Aid website. I understand that, **if DSS accommodation is approved by an authorized personnel**, enrolling part-time under this accommodation will result in a proration to my institutional aid and may result in the loss of federal or state aid as outlined in this policy.

Student Signature

Date

Part Two: LMU Disability Support Services Accommodation Certification

The section below should be completed by an authorized DSS personnel. **Please select one of the following options**, and return this form to LMU Financial Aid using our [Secure Upload Feature](#) online.

- The student listed above has been granted DSS accommodation to enroll in less than 12 units for the _____ semester only.
- The student listed above has been granted DSS accommodation to enroll in less than 12 units for the full 2024-2025 academic year.
- The student listed above has NOT been granted DSS accommodation.

DSS Authorized Personnel Name

DSS Authorized Personnel Signature

Date

How to Submit this Form:

The Department of Education requires that documents containing personally identifiable information (PII) must be transmitted through secure means. This form cannot be submitted via email. You may mail or fax this form to the address or fax number listed to the left, or you may submit it as a PDF through our Secure Upload page available at financialaid.lmu.edu/upload

Mail: LMU Financial Aid
1 LMU Drive, Suite 270
Los Angeles, CA 90045

Phone: 310.338.2753
Fax: 310.338.2793

For Office Use Only:
RRAAREQ - DSS at R
eTrieve – FA-Disability
Documents

FAO Staff Initial _____
Date: _____