

Disability Support Services (DSS) Accommodation Form

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

| Student Name | | LMUID | | |
|--|--|---|--|--------------------------|
| Disability Support Services (LMU Financial Aid grants according approved by LMU DSS to eunder this accommodation, a time enrollment. For example 50% as long as the student apply to federal and state aid federal or state aid eligibility. Financial aid policies. | ommodation to students of nroll in less than 12 units re eligible to receive pro- ple, if a student enrolls h meets all other eligibilit d programs and part-time | under the America s. Students who rated institutional nalf-time, institution ty requirements. enrollment may i | ens with Disabilities Act (ADA enroll in less than 12 uni aid that normally requires fund aid would be prorated. This accommodation does reduce or cancel some types | ts, ıll- to not |
| Part One: Student Acknowle | edgment and Signature | | | |
| By signing below, I (the studen Services (DSS) Part-Time Enroll understand that, if DSS accom under this accommodation will federal or state aid as outlined | ment Accommodation police modation is approved by a large la | cy outlined on the l n authorized perso | LMU Financial Aid website. I onnel, enrolling part-time | |
| Student Signature | | | Date | |
| | | | | |
| Part Two: LMU Disability Su | pport Services Accomm | odation Certificat | <u>tio</u> n | |
| The section below should be cooptions, and return this form t | | • | | ıg |
| The student list 12 units for the | ted above has been granted se | d DSS accommodat emester only. | ion to enroll in less than | |
| | ted above has been granted Il 2024-2025 academic year | | ion to enroll in less than 12 | |
| The student list | ted above has NOT been gra | anted DSS accomm | odation. | |
| DSS Authorized Personnel Nam | 16 | | | |
| | | | | |
| DSS Authorized Personnel Signature | | | Date | |
| | | | | |
| | | | | |

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

Phone: 310.338.2753 Fax: 310.338.2793 **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

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

FAO Staff Initial______ Date:_____