

**Office of Accessibility Resources and Services (OARS)**

893 West Street | Amherst, MA 01002 | 413.559.5498 | f 413.559.6098 | accessibility@hampshire.edu | OARS.hampshire.edu

From: Aaron Ferguson ([amfAC@hampshire.edu](mailto:amfAC@hampshire.edu)); Director \_\_\_\_\_  
Katie Stiefel ([kdsAC@hampshire.edu](mailto:kdsAC@hampshire.edu)); Administrative Coordinator \_\_\_\_\_

To: Prof. \_\_\_\_\_ Course: \_\_\_\_\_

Re: Accommodations for Aaron Ferguson ID: 1234567 Email: [amfAC@hampshire.edu](mailto:amfAC@hampshire.edu)

**This Information Is Confidential**

Aaron has a documented disability verified by an appropriate professional. The below accommodations are intended to enable the student to equitably demonstrate mastery of course content. While a student's accommodation usage may vary from course to course, the following accommodations can be applied to all. Aaron should be evaluated according to the same standards used for any Hampshire College student and accommodations should not infringe on the fundamental academic standards, requirements or integrity of the course.

*Please discuss the accommodations listed below with Aaron to create a plan for adapting them to this specific course to allow reasonable access for the student while maintaining the academic integrity of the course. If any questions arise during this discussion, please consult with OARS staff listed above.*

Thank you for helping to make Hampshire College an accessible and equitable place to obtain an education.

**Academic Accommodations:**

- Accommodation1
- Accommodation2
- Accommodation3

**Exam-based Accommodations:**

- Accommodation4
- Accommodation5
- Accommodation6

\_\_\_\_\_  
Student Signature\*

\_\_\_\_\_  
Date

\*With my signature I agree to the plan established with my professor to implement these accommodations in this course. I authorize OARS staff to discuss any pertinent information with my professor(s) or other professional staff as necessary to implement my accommodations reasonably and appropriately.

\_\_\_\_\_  
Faculty Signature\*\*

\_\_\_\_\_  
Date

\*\*With my signature I acknowledge my responsibility to work with Aaron and OARS to appropriately implement the above authorized accommodations in a reasonable fashion and in compliance with the ADA.

Copy 1: Student must return to the Lemelson Building signed by both professor and student.  
Copy 2: To be kept by professor for their records.