

MEDICAL COLLEGE OF GEORGIA

TECHNICAL STANDARDS FOR ADMISSION, MATRICULATION, CONTINUATION AND GRADUATION ACKNOWLEDGEMENT FORM

The Medical College of Georgia, in keeping with the purposes of a health education institution and the guidelines set forth by the federal government, will make reasonable efforts to accommodate students with disabilities as defined in Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act (ADA) of 1990. All medical school students must, with reasonable accommodation, be able to meet the technical standards for admission, continuation and graduation for the Medical College of Georgia.

Two months before the beginning of each academic year, all **returning medical students** matriculating at MCG are required to sign and return this form to the Office of Student and Multicultural Affairs on your assigned campus (either Augusta or Athens) certifying that you have read and understand the attached Technical Standards for Admission, Matriculation, Continuation and Graduation for continuing in medical school. Based upon these technical standards, please check in **one** of the boxes below:

I have reviewed and understand the Technical Standards for MCG and believe that I can meet these technical standards **without** reasonable accommodations.

OR

I have reviewed and understand the Technical Standards for MCG and **will require no change in in previous reasonable accommodations.**

OR

I have reviewed and understand the Technical Standards for MCG and **will need new or additional reasonable accommodations.**

Any request for new or continuation of existing current accommodations should be directed to the Office of Testing and Disability Services , telephone 706-737-1469 **two months** before the beginning of each academic year. Information regarding documentation requirements can be viewed at <http://www.gru.admin.tds/disabilityservices.php>. Any request for accommodations will be evaluated to determine the adequacy of the supporting documentation, the reasonableness of the requested accommodation.

NAME (print)

NAME (signature)

DATE

All **returning medical students** must sign and return this form **two months** before the beginning of each academic year to:

AUGUSTA CAMPUS:

OFFICE OF STUDENT & MULTICULTURAL AFFAIRS
MEDICAL COLLEGE OF GEORGIA
HEALTH SCIENCE CAMPUS
GEORGIA REGENTS UNIVERSITY
1120 15TH STREET CJ-1026
AUGUSTA, GEORGIA 30912

ATHENS CAMPUS:

OFFICE OF STUDENT & MULTICULTURAL AFFAIRS
GRU/UGA MEDICAL PARTNERSHIP CAMPUS
UGA HEALTH SCIENCES CAMPUS
WINNIE DAVIS HALL, ROOM 112
108 SPEAR ROAD
ATHENS, GEORGIA 30602