

### Acuity Insights Accommodations Extension Request Form

*Last updated: July 2025*

Applicants with a disability, functional limitation, or temporary medical condition who were previously approved for accommodations to complete their admissions assessments may apply for an extension to their validity period.

Applicants are required to first reserve their Casper test prior to submitting their request for accommodations. If for any reason they are unable to reserve their Casper test, applicants are asked to inform the Acuity Insights Team of their intended Casper test date when submitting all required documentation.

For a detailed outline of the Acuity Insights Accommodations Policy, please refer to [this document](#).

#### Accommodations Extension Requests

Acuity Insights recognizes that some conditions are chronic and/or lifelong, and are unlikely to substantially change in as few as five (5) years. As such, applicants with a future admission assessments reservation that falls outside of their accommodations validity period and would like to continue to receive the **same** accommodations as were previously granted by the Acuity Insights Team are required to complete and submit:

- This Extension Request Form - To be completed by the applicant
- If required, additional supporting documentation, such as evidence demonstrating the persistence of symptoms

All required documents must be submitted as soon as reasonably practicable (**at least four (4) weeks prior to the time of an applicant's scheduled or intended Casper test**).<sup>\*</sup> Applicants may submit their documents through one of the following methods:

- Email: [accommodations@acuityinsights.com](mailto:accommodations@acuityinsights.com)
- Secure upload link: Applicants may request a secure upload link for their accommodations documents by emailing [accommodations@acuityinsights.com](mailto:accommodations@acuityinsights.com)

*<sup>\*</sup>Please note that exceptions to the 4-week submission timeline and document requirements may be made in extreme circumstances (e.g., the second iteration of the Canadian Resident Matching Service (CaRMS) Casper test or medical emergencies). Applicants should contact the Acuity Insights Team with their completed Extension Request Form as soon as possible to inquire if an exception can be made.*

Once submitted, a member of the Acuity Insights Team will generally acknowledge receipt of the request within **one (1) business day**. If an applicant does not receive such a message within **five (5) business days** of submitting their request, they are asked to contact the Acuity Insights Team via [accommodations@acuityinsights.com](mailto:accommodations@acuityinsights.com).

To verify an applicant's current functional impairment, additional supporting documentation may be helpful or necessary. All supporting documentation pertaining to the accommodations request must be **current**, which in most cases means **within the last five (5) years**.

Examples of additional supporting documentation include but are not limited to:

- Documentation of previous accommodations granted at an educational institution or previous work environment
- Medical, psychological, and/or psychoeducational evaluations
- Supplementary documentation from additional qualified professionals

The above are examples of additional supporting documentation to help Acuity Insights process requests. Please note that the submission of supporting documents is *optional* and at the discretion of the applicant unless otherwise required by the Acuity Insights Team to process an applicant's request.

#### Exceptions to Extension Requests

Applicants will only be permitted to extend the validity period of their previously approved accommodation measures up to a maximum of five (5) years from the date of initial approval. After such a time, applicants will be required to submit a new [Accommodations Request Form](#).

If an applicant is applying for accommodations for the first time, they are required to complete and submit an [Accommodations Request Form](#). Please refer to Section 5.1 of the [Acuity Insights Accommodations Policy](#) for additional details.

However, if an applicant was previously approved for accommodations by the Acuity Insights Team, they should refer to the validity period of their approved accommodations stated in their accommodations approval letter as it may not be necessary to submit an Extension Request Form.

If an applicant receives new and substantial information related to their disability or experiences a worsening of their condition, they may wish to submit a new [Accommodations Request Form](#) to have their previously approved accommodations revised. Applicants should indicate on their new request form that it is for an amendment.

Please note that the request must demonstrate sufficient evidence that the applicant needs the additional or augmented measures. Receiving a lower-than-expected score on a previously completed Casper test will not be considered sufficient evidence that previously approved accommodation measures should be amended. Please refer to Section 5.3 of the [Acuity Insights Accommodations Policy](#) for additional details.

## Extension Request Form

To be completed by the applicant.

### Personal Information

First Name		Last Name	
Date of Birth		E-mail	

Please ensure that the information provided matches the details provided in your Acuity Insights account.

### Disability Information and Testing Accommodations History

Were you previously approved for accommodations by the Acuity Insights Team within the last 5 years?

☐ Yes

☐ No

If known, please indicate the date of your Acuity Insights Accommodations Approval Letter:

Date: \_\_\_\_\_

Please state your disability or condition and briefly describe how it continues to affect your academic performance\*:

Please indicate, for which of your previously approved accommodations measures you are requesting an extension:

**\*For temporary (non-chronic) medical conditions, evidence of the persistence of your symptoms must be shared with your extension request as additional supporting documentation. This evidence may be shared in the form of a medical note.**

### Waiver: Certification and Authorization (applicant)

**The information collected by this form is used for the purposes of assessing eligibility for accommodations. I authorize Acuity Insights to review and distribute the collected information with internal members on an as-needed basis.**

I, the applicant, acknowledge that I have read and agree with the terms outlined in the policy entitled: Acuity Insights Accommodations Policy. I certify that all of the information on this form is true and correct. I acknowledge and agree that any information I have submitted or has been submitted on my behalf is confidential to Acuity Insights.

I authorize Acuity Insights to contact the entities identified in this request form, and the professionals identified in the documentation I am submitting in connection with it, to obtain further information. I authorize such entities and professionals to provide Acuity Insights with all requested information.

Should I decide to request a review and/or an appeal, I understand that the aforementioned information may be distributed to additional members of the Acuity Insights Team and/or members of a review panel (as outlined in Section 7.2 of the Acuity Insights Accommodations Policy) for further deliberation.

X \_\_\_\_\_ Date: \_\_\_\_\_  
Signature