Reconsideration for MCAT® Exam Accommodations

Instructions:
(Please note: This application should be completed by the examinee.)

If your request for accommodations was not approved, you have the option of requesting a re-review of your application through the Reconsideration process.

To be considered a Reconsideration, your request must include the submission of new and substantial information (e.g., new test results, documentation of a new diagnosis, documentation of accommodations not previously submitted, input from a new qualified professional, etc.). A letter of dissent written by you or your qualified professional is not, in and of itself, sufficient documentation to support a Reconsideration request. For privacy and security reasons, Reconsiderations will not be accepted via email or fax.

To submit a Reconsideration, please follow the steps below:

1) Complete the Reconsideration Form.
2) Collect all additional documentation to support your request. You may wish to consult your evaluator or qualified professional for assistance in identifying what documentation to submit in support of your Reconsideration request.
3) Submit the Reconsideration Form (see attached) and your supporting documentation by mail to the following address:

Association of American Medical Colleges
Attn: Saresa Davis, Mailroom Supervisor
MCAT Accommodation Services
655 K Street NW, Suite 100
Washington, DC 20001

Reconsideration requests may, at the discretion of the Director of Accommodations Review, be forwarded to an external reviewer with expertise in the area of your impairment. Your information will be kept strictly confidential. We do not release the name or contact information of the external reviewer.

You will be informed in writing when we receive your Reconsideration. Please remember that it may take up to 30 days to review your request. Once your review has been completed, you will receive notification of the determination in writing.
Reconsideration Form

Please type or clearly print responses to the following:

1. Name: __________________________________________________________________

2. AAMC ID: _______________________________________________________________

3. Address: __________________________________________________________________

4. City, State, Zip: __________________________________________________________________

5. Telephone Number: _______________________________________________________

6. E-mail address: ___________________________________________________________

7. Nature of your impairment (check all that apply):
   _____ Learning Disability
   _____ ADHD
   _____ Psychiatric Disorder (e.g., depression, anxiety)
   _____ Physical Disability (e.g., chronic medical condition)
   _____ Sensory Disability (e.g., hearing impairment, visual impairment)
   _____ Acquired Brain Injury (e.g., post concussive syndrome)
   _____ Other (e.g., pregnancy)

8. Which accommodations would you like to be considered through the Reconsideration process?
   _______________________________________________________________________

9. Please include an updated personal statement that includes a thorough discussion of your reason(s) for seeking a Reconsideration and identifies the new documentation that you are submitting in support of your request.

Name of Applicant: __________________________________________________________________

Signature: _______________________________________________________________________

Date: _______________________________________________________________________

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