Application for Academic Accommodations and Services

Please complete the following fields to the best of your ability and submit the form to Fay Silverman in room 118 of the college (Fay.Silverman@TheChristCollege.edu).

Identifying Information

First Name: _________________ Middle Initial: ___ Last Name: _________________

E-mail: ________________________@TheChristCollege.edu

Preferred Phone: _______________ Alternate Phone: _______________

Referred By: __________________________________

Educational Information

What best describes the courses you are enrolling in?

____ On Campus      ____ Online Only     ____ Both On Campus and Online

I plan to enroll: Semester: __ Fall ___ Spring ___ Summer ___ Year: 20_____

My student status will be:

____ Undergraduate           ____ Non-Degree Seeking

Disability Information

I am requesting academic accommodations because I am an individual with the following disability(ies)/special needs (please check all that apply):

Physical Disabilities:

____ Health Related                     ____ Blind/Low Vision/Vision Impaired

____ Mobility Impairment                ____ Deaf/Hard of Hearing

____ Speech

Cognitive Disabilities:

____ Acquired Brain Injury

____ Attention Deficit Disorder

____ Learning

____ Psychological

____ Other
Please describe your primary disability and how it affects you academically.

Please describe any secondary disabilities, if applicable.

Please list all prescribed and non-prescribed medications related to your disability, including dosage and when administered: (i.e. 2 times or 1 time daily) and describe the side effects, if any, from taking the medication.

Have you received academic accommodations from high school or another college or university?

_____ Yes _____ No

If yes, what accommodations did you receive?

Please describe any accommodations you think you need for TCCNHS courses.

What adaptive technology, if any, do you use?

If taking online courses, will any of your coursework require you to be present on-campus? If so, please explain:
If taking online courses that require on-campus visits, please list any accommodations that would be necessary for that visit.

Please describe any additional concerns you have or would like to discuss with Student Support Department at The Christ College of Nursing and Health Sciences.

Please return your completed application to Fay Silverman in room 118 of the College or email the completed application to Fay.Silverman@TheChristCollege.edu. If you need assistance with completing this application, such as an alternative format, please contact Fay Silverman.