

Application for Academic Accommodations and Services

Please complete the following fields to the best of your ability, and submit the form to Brittany York at Brittany.York@thechristcollege.edu.

Identifying Information

First Name: _____ Middle Initial: ____ Last Name: _____

E-mail: _____@TheChristCollege.edu

Preferred 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 _____

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

COVID-19

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?

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.