



MOUNT MARTY

UNIVERSITY

DISABILITY SERVICES

Application for Accommodations

Please Print

Date: _____

Name: _____

Date of Birth: _____ Year: Fr. ___ So. ___ Jr. ___ Sr. ___

Campus Address (If Applicable): _____

Permanent Address: _____

Phone Number: _____ Email Address: _____

Major: _____

Advisor: _____

Emergency Contact Name & Phone #: _____

Type of disability (Check all for which you are submitting documentation):

- Autism Spectrum Disorder
- Attention Deficit Disorder/ADHD
- Blind/Vision Impairment
- Deaf/Hard of Hearing
- Learning Disability (please specify) _____
- Mobility/Physical
- Speech/Language Disorder
- Health Impairment (please specify) _____
- Psychological/Psychiatric Disorder (please specify) _____
- Traumatic Brain Injury (TBI)
- Other _____

Nature of disability (Please explain how the disability interferes with activities in your life, such as your courses, your program of study, residential life, and other college activities):

What **types of accommodations** have you *previously* used and where? (list high school and/or previous college):

Accommodations requested at MMU (*Documentation should support requests for accommodations or services)

Have you received the **Disability Services Documentation Criteria** from Mount Marty University? ___ Yes ___ No

Are you currently a client of Vocational Rehabilitation Services? ___ Yes ___ No

Name of Case Manager: _____ City/State _____

If not, would you like information about the agency? ___ Yes ___ No

I certify that the information provided on this form is accurate to the best of my knowledge. I understand that I will need to provide disability documentation to support the need for requested accommodations. I understand that reasonable accommodations are determined after a thorough review of the current documentation and a visit with the Disability Services Coordinator. Finally, I understand that communicating my disability accommodation needs to my instructors is my responsibility, and no accommodations will be granted without the proper forms signed by an instructor from each course **& returned to the Director of Disability Services.**

Signature: _____ Date: _____

Please bring the **Disability Documentation Criteria** form to your health professional to ensure we receive comprehensive documentation for our files and in preparation for potential national standardized tests that require sufficient paperwork in order to grant disability accommodations.

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To be filled out by Disability Services Coordinator after documentation is submitted

What health professional has provided the necessary documentation?

Name: _____

Organization: _____

Phone #: _____

Sent to MMU on (date) _____

Final Determination of Disability Accommodations

Mount Marty University Office of Disability Services:

_____ Approves _____ Provisionally Approves _____ Does Not Approve

The following disability accommodations:

Director Signature: _____ Date: _____