



Application for Disability Services and Accommodations

Please submit this form to disabilityservices@transy.edu

Name: _____ Date of Birth: _____

E-mail Address: _____ Cell Phone: _____ Home Phone: _____

Emergency Contact Name: _____ Cell Phone: _____

Campus Address (if known): _____ Advisor (if known): _____

DISABILITY AND ACCOMMODATIONS

Describe: _____

When were you diagnosed? _____ Most recent testing for this disability? _____

What were the results? _____

What accommodations have you had previously? _____

What impact does your disability have on your studying and test-taking abilities? _____

Is math a problem for you? If so, what math courses have you taken and how did you do? _____

Are foreign languages a problem for you? If so, what languages have you taken and how did you do?

MISCELLANEOUS

Who referred you to Transylvania's Disability Services? _____

Have you used any campus services such as Master Student Classes, Peer Tutoring, Mathematics and Computer Science Support Center, Writing Center, Counseling, or Career Development Services? Please list:

What clubs or activities do you participate in (or plan to participate in)? _____

Do you plan to work during the academic year? If so, where and how many hours per week? _____

Other relevant information: _____
