DOSS | NORTHWESTERN COLLEGE | NWC.EDU/DOSS | 651-286-7446 | DPGOLIAS@NWC.EDU

APPLICATION FOR ACCOMMODATION AND SERVICES IN THE DOSS PROGRAM

Name:	Birth Date:	ID:	
Permanent Address:			
MC#: Primary Phone:	Referred by:		
EDUCATIONAL INFORMATION			
Enrollment Status:			
Program: ☐ Undergraduate ☐ FOCUS ☐ Distance Ed ☐	☐ Graduate ☐ Other		
Major(s):	Advisor:		
Transfer Student: Yes No If yes, from where:			
DISABILITY INFORMATION			
Disabilities:Date of original diagnosis:			
Describe how your disability impacts your learning:			
SUPPORT INFORMATION			
Do you receive assistance from State Vocational Rehabilitation	on? 🔲 Yes	□ No	
Do you receive assistance from Veteran's Vocational Rehabili	tation?	□ No	
ACCOMMODATION INFORMATION			
Does your disability require alternative transportation?	☐ Yes	□ No	
Does your disability require you to take medication?	☐ Yes	□ No	
Are you enrolled in Recordings for the Blind and Dyslexic?	☐ Yes	□ No	
Have you received accommodations in the past?	☐ Yes	□ No	
If so, where and how long?			
What accommodations have you accessed in the past that pr	roved useful?		

PREPARATION FOR APPOINTMENT (To set up a time, see DOSS office, room N4232 or call 651-628-3241			
Bring: Documentation and diagnosis of your disability (Medical Summa Pour class schedule for the present semester	ry, IEP, 504, etc.)		
YES, you have my permission to contact my instructors and other relevant professionals in order to discuss my disability accommodations and service	•		
Student's signature:	Date:		

NOTE: THIS RELEASE EXPIRES ONE YEAR FROM DATE SIGNED

PLEASE SUBMIT COMPLETED FORM TO:

David Golias, MC#4237, 3003 Snelling Avenue North St. Paul, MN 55113-1598

Phone: 651-286-7446 | Fax: 651-628-2065