DOSS
DISABILITIES OFFICE
FOR SUPPORT SERVICES

UNIVERSITY OF NORTHWESTERN
ST. PAUL

APPLICATION FOR ACCOMMODATION AND SERVICES

Name: _____ Birth Date: _____ ID: _____

Permanent Address: _____

MC#: _____ Primary Phone: _____ Referred by: _____

EDUCATIONAL INFORMATION

Enrollment Status: ❑ FR ❑ SO ❑ JR ❑ SR Year Enrolled at UNW: _____

Program: ❑ Undergraduate ❑ FOCUS ❑ Distance Ed ❑ Graduate ❑ Other _____

Major(s): _____ Academic 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? ❑ Yes ❑ No

Do you receive assistance from Veteran's Vocational Rehabilitation? ❑ Yes ❑ 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 Learning Ally (formerly RFB&D)? ❑ 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 proved useful?

_____

_____

_____

Revised 7/2013

PREPARATION FOR APPOINTMENT

To set up a time, see DOSS Office, room N4232 or call 651-628-3241. Please bring:

- Documentation and diagnosis of your disability (Medical Summary, IEP, 504, etc.)
- Your class schedule for the present semester

❑ YES, you have my permission to contact my instructors and other relevant case-specific UNW professionals in order to discuss my disability accommodations and services that may assist me.

Student's signature: _____ Date: _____

NOTE: THIS RELEASE EXPIRES ONE YEAR FROM DATE SIGNED

PLEASE SUBMIT COMPLETED FORM TO:
Laura Haugerud, MC# N4232, 3003 Snelling Avenue North
St. Paul, MN 55113-1598

Phone: 651-628-3241 | Fax: 651-628-2065

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