

NOTE: THIS FORM WILL NOT BE ACCEPTED WITHOUT THE REQUIRED DOCUMENTATION
For documentation guidelines please go to <http://www.unt.edu/oda/apply/index.html>

UNT Office of Disability Accommodations
Application for Services
(Please print legibly, incomplete forms will not be accepted)

Date of Application: _____

Last Name: _____ First Name: _____ MI _____

Preferred Name/Nickname _____

Student ID # _____

Birth date _____ Gender: Female Male

UNT E-mail _____ Race/Ethnicity _____

Alternate E-Mail _____

Cell # _____ Local # _____

Local Address _____
(Street, Dorm, Box #)

(City) (State) (Zip)

Permanent Address _____
(Street, Dorm, Box #)

(City) (State) (Zip)

Permanent Phone _____

Emergency Contact:

Name: _____

Relationship: _____

Phone: _____

Address: _____

Academic Information

Current Class Year : High School Senior	Transfer Student	Freshman
Sophomore	Junior	Senior
Graduate Student	Doctoral Student	Transient

Major: _____ Hours completed to date: _____

Testing Completed THEA TAKS SAT ACT GRE

High School Record

High School: _____ Graduation Date: _____

City: _____ State _____ High School GPA _____

Did you receive any type of special education/504/content mastery services while in High School?

Yes _____ No _____

If yes, please describe: _____

Did you receive any specific accommodations while in high school? Yes _____ No _____

If Yes, please list all accommodations:

Record from Other Colleges

Have you attended another college? Yes__ No__ If yes, please list the colleges, your GPA, and degree received:

College: _____ City/State: _____ GPA: _____ Degree: _____

College: _____ City/State: _____ GPA: _____ Degree: _____

Did you receive any type of special accommodations at a previous college? Yes _____ No _____

If yes, list all accommodations:

Based upon your disability, have you been granted substitutions for required courses at other colleges?
Yes ___ No ___

If yes, please list which courses were substituted: _____

What are your strong points in an academic setting?

Disability Information

Disability Information

Please specify your disability (check all that apply)

- Attention Deficit Disorder (ADD)/Attention Deficit Hyperactivity Disorder (ADHD)
- Blind/Visual Impairment
- Deaf/Hard of hearing
- Other Health Impairment
- Learning Disability
- Mental Health/Psychological/Psychiatric Impairment
- Speech Impairment
- Other Impairment (please specify) _____

When was this disability first identified or diagnosed? _____

Please list any medications(s) you are currently taking that may affect your performance as a student and the side effects of those medication(s):

Are you a client of a Rehabilitation Agency? (check if you are a client)

- Division of Blind Services
- Vocational Rehabilitation Counseling, Dept. of Assistive and Rehabilitative Services (DARS)
- Veterans Administration Vocational Rehabilitation (e.g. Chapter 31)
- Other (please specify) _____
- None

Vocational Rehabilitation Counselor Name _____ Phone (____) _____
City: _____ State: _____ Zip: _____

Disability Related Medical Information

Medical Doctor _____ Psychologist/Psychiatrist _____

Medical Restrictions: _____

Check those that apply	A. Have Used	B. Was helpful	C. I request
For Class Notes			
Tape Recorder			
Note Taker			
For Tests			
Extended time for tests			
Distraction-reduced room for tests			
word processor for essay tests			
spell checker			
Calculator			
reader for Tests			
Amanuensis/Scribe for Tests			
For Deaf/Hard of Hearing Students			
Sign Language Interpreter			
Speech-to-text (C-print or CART)			
Assistive Listening Device (ALD), e.g. FM Loop			
Closed Captioned videos			
For Visual impairment/blind students			
Talking Calculator			
Video print enlarger (CCTV)			
Braille/Books on Tape/E-text			
Reader			
Computer Adaptive Software			
JAWS			
Screen Magnification Software			
Kurzweil Reader			
Dragon Naturally Speaking			
Screen Reader (specify)			
Other (specify)			
Reading Accommodations			
Recording for the Blind and Dyslexic (RFB&D)			
Bookshare.org			
Electronic Textbooks (E-texts)			
Reader			
Other (Please specify)			

Assistive Learning Technology you will bring with you to UNT:

NOTE: THIS FORM WILL NOT BE ACCEPTED WITHOUT THE REQUIRED DOCUMENTATION
 For documentation guidelines please go to <http://www.unt.edu/oda/apply/index.html>

Describe the way your disability affects you now:

If your disability impairs taking notes, describe your specific difficulty when taking notes.

If your disability impairs reading, describe your specific difficulty when reading textbooks.

If your disability impairs taking tests, describe your specific difficulty when taking tests.

Do you feel comfortable explaining your disability to others? Yes ___ No ___

Please explain your answer

Additional Comments:

This application and documentation of my disability must be submitted prior to meeting with a disability accommodations counselor for an intake interview. During this meeting we will discuss services for which you are eligible. The information submitted to the Office of Disability Accommodation is confidential. I know that the information submitted to the Office of Disability Accommodation WILL NOT be placed in my academic records. I understand that admission to the University of North Texas is a separate process and is completed through the Office of Admissions.

I have read the documentation requirements supplied by the Office of Disability Accommodation and I understand and agree to supply the requested documentation in order to verify my disability and receive accommodations at the University of North Texas.

The information contained in this form is true and accurate to the best of my knowledge.

Student Signature

Date

NOTE: THIS FORM WILL NOT BE ACCEPTED WITHOUT THE REQUIRED DOCUMENTATION
For documentation guidelines please go to <http://www.unt.edu/oda/apply/index.html>