

**ALCORN STATE UNIVERSITY**  
**Department of Health & Disability Services**  
**REQUEST FOR DISABILITY ACCOMMODATIONS APPLICATION**  
(PLEASE PRINT)

**A New Application & Class Schedule Must Be Submitted Each Semester**

**DATE:** \_\_\_\_\_

**Type of Accommodations:**

**Academic**    **Housing**

**New Applicant**    **Renewal Applicant**

**Term of request** (check only one)

Fall \_\_\_\_\_    Spring \_\_\_\_\_

Summer I \_\_\_\_\_    Summer II \_\_\_\_\_

**NAME:** \_\_\_\_\_

**ASU I.D.** \_\_\_\_\_   **CLASSIFICATION:** \_\_\_\_\_

**E-MAIL ADDRESS:** \_\_\_\_\_

**COMPLETE HOME ADDRESS:** \_\_\_\_\_

\_\_\_\_\_

**HOME TELEPHONE #:** \_\_\_\_\_   **CELL #:** \_\_\_\_\_

**COMPLETE LOCAL ADDRESS:** \_\_\_\_\_

\_\_\_\_\_

**LOCAL TELEPHONE #:** \_\_\_\_\_

**GENDER:** \_\_\_\_\_   **DATE OF BIRTH:** \_\_\_\_\_

**CHECK ALL THAT APPLY:**

**Attention Deficit Disorder**

**Attention Deficit Hyperactive Disorder**

**Chronic Illness**

**Hearing Impairment**

**Learning Disability**

**Orthopedic Impairment**

**Psychological**

**Traumatic Brain Injury**

**Visual Impairment**

**Other** \_\_\_\_\_

\_\_\_\_\_

**FUNCTIONAL LIMITATIONS:**

*(Please select the extent to which you believe your diagnosed condition affects the following major life activities)*

<b>ACTIVITY</b>	<b>NONE</b>	<b>UNDETERMINED</b>	<b>MILD</b>	<b>SUBSTANTIAL</b>
Caring for oneself				
Talking				
Hearing				
Breathing				
Seeing				
Walking/Standing				
Lifting/Carrying				
Sitting				
Performing Manual Tasks				
Eating				
Working				
Learning				
Reading				
Writing/Spelling				
Calculating				
Memorizing				
Concentrating				
Listening				

**Describe the limitations of your disability.**

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**Describe the accommodations you are requesting.**

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**IN ORDER TO RECEIVE ACADEMIC AND RESIDENTIAL ACCOMMODATIONS THROUGH ALCORN STATE UNIVERSITY YOU MUST PROVIDE THE OFFICE OF DISABILITY SERVICES DOCUMENTATION THAT SPECIFIES YOUR DISABILITY.**

**STUDENTS ARE ENCOURAGED TO UPDATE THEIR REQUEST FOR ACADEMIC AND RESIDENTIAL ACCOMMODATIONS PRIOR TO EACH SEMESTER TO AVOID A DELAY IN RECEIVING SERVICES.**

\_\_\_\_\_  
**SIGNATURE**

\_\_\_\_\_  
**DATE**

- \*Attach a copy of your class schedule**
- \*Complete Student Survey**
- \*Remember to update request for accommodations each semester**

**How Are We Doing?**

**Term** \_\_\_\_\_

**ADA Student Survey**

The Alcorn State University Department of Health & Disability ADA staff welcomes your feedback and your answers will be kept confidential. Thank you for your participation.

**Are you aware and understand your role and responsibilities for requesting accommodations?**

- |                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| No                       | Somewhat                 | Mostly                   | Yes                      |

**Did you receive reasonable accommodations as requested?**

- |                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| No                       | Somewhat                 | Mostly                   | Yes                      |

**Did you receive accommodations in a helpful time frame?**

- |                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| No                       | Somewhat                 | Mostly                   | Yes                      |

**Has ASU's staff been cooperative in response to providing your accommodation?**

- |                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| No                       | Somewhat                 | Mostly                   | Yes                      |

**Were you satisfied with your accommodation plan?**

- |                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| No                       | Somewhat                 | Mostly                   | Yes                      |

**Has disability services helped you have a more equal educational opportunity as student's without disabilities?**

- |                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| No                       | Somewhat                 | Mostly                   | Yes                      |

**Would you refer a student with a disability to the ADA office?**

- |                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| No                       | Somewhat                 | Mostly                   | Yes                      |

**How knowledgeable was the staff with providing services to meet your academic accommodation plan?**

- |                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| No                       | Somewhat                 | Mostly                   | Yes                      |

**Do you feel ASU is a disability-friendly campus?**

- |                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| No                       | Somewhat                 | Mostly                   | Yes                      |

**Please provide any suggestions or comments:**

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