Preliminary Application For Disability Services

Lakeland University offers a variety of support services to students with disabilities. To help us best meet your specific needs, please complete and return this application to the ADA Coordinator, Dr. Julia Rodemeier (W. A. Krueger #214 – Fax #: 920-565-1068). After the application has been reviewed, we will contact you about the status of your application.

This application form should be accompanied by a document titled, *Accommodations Request Procedures.* Please contact the ADA Coordinator at 920-565-1021 x2113 if that document is missing.

Please type or print:

Name:_____
(Last) (First) (M.I.)

_____/____/_____ (_____)_____-_____ (_____)_____-_____
(Social Security Number) (Home Phone Number) (Local Phone Number)

Permanent
Address:_____
(Street)

_____
(City) (State) (Zip Code)

Local
Address:_____
(Street)

_____
(City) (State) (Zip Code)

Expected Enrollment Date:_____

E-Mail or Internet Address:_____

1. Please describe your disability:

2. In what ways has your disability affected your academic performance?

3. What do you view as your academic strengths?

4. What strategies/assistance have proved helpful in the past in dealing with your disability?

5. When was the last formal assessment by a licensed professional of your disability conducted?

6. What are your educational goals at Lakeland University?

7. What additional information would you like us to consider?

I understand that this request for accommodations must be accompanied by documentation provided by the appropriate licensed professionals before the Lakeland University Accommodations Review Committee will consider it. I understand that the Director of the Academic Resource Center will notify me if additional documentation is required. I will also be notified of the LCARC's decision concerning my request. I certify that all of the information that I have provided is accurate and complete.

Student's
Signature:_____ Date:_____