



FRIENDS UNIVERSITY

2100 W. University St. • Wichita, Kansas 67213

APPLICATION FOR ADA STUDENT SERVICES

Name: _____ Date: _____

University ID #: _____ Date of Birth: _____

Social Security #: _____ Phone #: _____

Local Address (include zip): _____

Emergency Contact: _____

Relationship: _____ Phone #: _____

Class: Freshman Sophomore Junior Senior Graduate

Major: _____ Advisor: _____

Who referred you to this office? _____

Please indicate the nature of your disability: Physical Learning Both

Please provide a brief explanation of your disability: _____

Have you submitted documentation of your disability to this office? Yes No

What type of documentation have you provided?

<input type="checkbox"/> IEP	<input type="checkbox"/> Psycho educational	<input type="checkbox"/> Statement of diagnosis
<input type="checkbox"/> Audiogram	<input type="checkbox"/> Medical records	<input type="checkbox"/> Other (please specify)

Are you currently a member of Learning Ally?

Yes

No

Do you qualify for Vocational Rehabilitation?

Yes

No

Applied

If so, who is your counselor? _____

Address: _____ Phone #: _____

Please list the accommodations and/or services you are requesting: _____

I understand the goals of this program and that participation is optional. I authorize the staff to use my student records to assist in providing program services. I also understand it is my responsibility to arrange accommodations with my instructors. If I am having difficulty with accommodations, it is my responsibility to notify ADA Services as soon as possible. It is also my responsibility to notify ADA Services of any changes I make to my schedule.

(Signature)

(Date)

The following information is strictly voluntary. Its purpose is to provide us with data that may help us to improve our services and to contribute to educational research. Feel free to leave any or all of these questions blank.

Marital status: Single Married Divorced Widowed

Select one or more of the following racial categories to describe yourself:

- American Indian or Alaska Native Asian Black or African-American
 Native Hawaiian or Pacific Islander White

Sex: Male Female

Do you have children? _____ If so, what are their ages? _____

Are you employed? _____ If so, how many hours per week do you work?

On average, how many hours each day do you spend studying? _____

Where do you do the majority of your studying? _____

What are your career goals? _____

Please list past occupations: _____

If you are a returning student, what are your reasons for returning to school? _____
