



# 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)



**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? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_