

Florida Atlantic University

Office for Students with Disabilities

Dear Student:

Welcome to Florida Atlantic University's *Office for Students with Disabilities* (OSD). You must first apply for admission to Florida Atlantic University (FAU) as degree seeking or non-degree seeking **and be accepted** in order to apply to receive support services from this office. After you **have been accepted to FAU**, please complete the following steps to apply for services:

1. **APPLICATION:**

a. Complete all sections of the attached *Application for Support Services* and **submit** to OSD.

b. Submit copies of your college transcripts. If less than 60 college credits, you must also submit high school transcripts (unofficial transcripts are acceptable).

2. **DOCUMENTATION:** **Submit a copy of the documentation of your disability to OSD.** If you have questions regarding the type of documentation required, please refer to our brochure *Documentation Guidelines* for specific information.

ALSO

Freshman: **Submit** most recent copy of your IEP or 504 Plan.

Transfer Student: **Provide** a letter from your previous institution stating the accommodations that were provided to you.

3. **INTAKE INTERVIEW:** You will be called for an intake interview with an OSD counselor after the *Application* and documentation have been received and reviewed. This interview will give you an opportunity to meet your OSD counselor, to determine the appropriate accommodations you will need while attending FAU, and to learn about the support services available at FAU.

We look forward to receiving the above requested materials and meeting you in the near future!

- ◆ Please return the *Application* and requested materials to the OSD office on the campus you are or will be attending:

Boca Campus:

Office for Students with Disabilities
Florida Atlantic University
777 Glades Road, SU 133
Boca Raton, FL 33431
tel: 561.297.3880
fax: 561.297.2184
tty: 561.297.0358

Broward Campuses:

Office for Students with Disabilities
Florida Atlantic University
2912 College Avenue, LA 240
Davie, FL 33314
tel: 954.236.1222
fax: 954.236.1123

Jupiter Campus:

Asst. Director, Diversity Student Services
Florida Atlantic University
5353 Parkside Drive, SR 117
Jupiter, FL 33458
tel: 561.799.8585
fax: 561.799.8721
tty: 561.799.8565

Treasure Coast Campus:

Asst. Director of Wellness Programs
Florida Atlantic University
500 NW California Blvd., JU 312
Port St. Lucie, FL 34986
tel: 772.873.3441
fax: 772.873.3444

Note: Alternate formats of this application are available upon request.

Florida Atlantic University
OFFICE FOR STUDENTS WITH DISABILITIES
APPLICATION FOR SUPPORT SERVICES

Students with disabilities are required to complete this form so that appropriate services can be considered. All information provided is kept confidential by the Office for Students with Disabilities. Students are encouraged to provide complete, candid, and realistic information concerning the nature of the disability, special needs and any support services required. *Alternate formats for this application are available upon request.* **Please submit completed Application for Support Services, disability documentation, and unofficial transcript(s) directly to the Office for Students with Disabilities.**

Name _____ ID # Z _____ SS # _____ - _____ - _____

Birth date _____ Gender _____ Major _____ College _____

Primary FAU Campus: Boca ___ Davie ___ Ft.Laud ___ Jupiter ___ Treasure Coast ___ Dania ___

Semester Requesting Services: Fall ___ Spr ___ Sum 1 ___ Sum 2 ___ Sum 3 ___ Year: _____

Classification: Freshman ___ Sophomore ___ Junior ___ Senior ___ Graduate ___
 2nd Bachelor ___ Non-degree ___ Transient ___ High School dual enrolled ___

Are you an in-state student? Yes ___ No ___

Local Address:

Permanent Address:

Phone (____) _____

Phone (____) _____

Cell Phone: _____

E-mail _____

TYPE OF DISABILITY Check as many as apply and for which you are submitting documentation:

(NOTE: You must submit documentation for *each* disability you check below before services can be provided.)

Asperger's/High Functioning Autism ___	Deaf / Hard of Hearing ___	Medical ___
Attention Deficit Disorder ___	Emotional / Psychological ___	Mobility / Physical ___
Blind / Low Vision ___	Learning Disability ___	Speech ___

REQUESTED ACCOMMODATIONS: Please list the accommodations and/or services you feel you might need in order to pursue your academic career at Florida Atlantic University:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

ACADEMIC BACKGROUND

High School Record

High School: _____ Graduation Date: _____
City: _____ State: _____ High School GPA: _____
Did you receive any type of special education services while in high school? Yes _____ No _____
If yes, please describe: _____

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, please describe: _____

Based upon your disability, have you been granted substitutions for required courses at another college?
Yes___ No___ If yes, please list which courses were substituted: _____

CLAST Information

Check CLAST sections you have passed or been exempted from: Math ___ Reading ___ English Lang. Skills ___ Essay ___

FAU Record

Current # of credits: _____ Current FAU GPA: _____ Semester & year you entered FAU: _____
You entered FAU as a: freshman___ transfer student with ___# of credits transfer with AA ___
Have you ever been on: Academic probation? Yes ___ No ___ Academic suspension? Yes ___ No ___
Are you currently on: Academic probation? Yes ___ No ___ Academic suspension? Yes ___ No ___

OUTSIDE AGENCIES

Are you a client of Vocational Rehabilitation, the Division of Blind Services, Veterans Administration or any other rehabilitation services? Yes ___ (If yes, please provide the requested information below.)
No___ If no, would you like information? _____

Name of Agency: _____
Name of Counselor: _____ Phone: (____) _____
Address: _____
City _____ State _____ Zip _____

I certify that the information in this Application is true and accurate to the best of my ability to answer the questions. I understand that this is an application for support services and that this form has no bearing on admission to a college or a particular program.

Signature

Date

APPLICANT'S STATEMENT

Please answer these questions in an honest, thorough, and thoughtful manner. Use your own words and print or write clearly. Do not type or correct errors. The more complete the information you give, the better your counselor will be able to assist you.

1. Describe the way in which your disability affects you now (such as in speaking, listening and taking notes, in spelling or writing compositions, etc).

2. What are your strong points in an academic setting?

3. What are the non-academic things you do well? In what activities are you involved?

4. What are your career goals? _____

5. Do you feel comfortable and competent in explaining your disability to others? **Yes** _____ **No** _____

Please explain your answer _____

6. Please provide on the back of this page any additional information you feel will help us in assisting you in college.