STUDENT ACCESS SERVICES

REGISTRATION FORM

(Please Print)

STUDENT INFORMATION

Student's name:		Student ID:	Date:
Email:	Alternate email:	Birth date:	Sex: ❑ M ❑ F

Street address:	Resident Status: ❑ Resident ❑ Commuter	Phone No.: ( )
City:	State:	ZIP Code:

Start Date/Semester:	Status: ❑ Full-Time ❑ Part-Time ❑ Visiting or Summer Only ❑ Other: _____

Class Status:

❑ Freshman ❑ Sophomore ❑ Junior ❑ Senior ❑ Graduate ❑ Non-Degree

❑ Other: _____

School/Academic Program:

❑ School of Arts and Sciences ❑ School of Business Administration ❑ School of Health Professions

❑ School of Education and Human Services ❑ Undeclared

EMERGENCY CONTACT

Name:	Relationship:	Phone No.: ( )

DISABILITY CATEGORY

Disability Diagnostic Category (check all that apply):

❑ Attention Deficit/ Hyperactivity Disorder
❑ Learning Disability
❑ Psychological or Emotional Disorder
❑ Communication/ Speech-Lang Disorder
❑ Developmental Disorder (e.g., autism spectrum)
❑ Deaf or Hard-of-Hearing
❑ Visual Disorder
❑ Traumatic/ Acquired Brain Injury
❑ Chronic Medical/ Health Condition
❑ Mobility Disorder
❑ Temporary Impairment/ Injury
❑ Disabling Impact from Medication
Medication Reacted: _____
❑ Other:_____

Initial Diagnosis Date:

Most Recent Evaluation:

Please list any support services you're currently receiving (ongoing medical care, state vocational rehab, etc.)

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DISABILITY INFORMATION
CONDITION A: Please indicate the official name of your disability, if any, and describe its/their affect/impact on your daily functioning, particularly in academic settings and residential settings (if you will be living on campus):
CONDITION B: What limits your ability to access your learning, engage with other people and/or access your environment?
MANNER OF IMPACT: How are you impacted during MU activities, in ways you engage with learning pursuits, other people and/or your physical environment?
DURATION OF IMPACT: For how long does this condition impact you? (E.g. minutes, hours, days, months, years. Does the condition change in nature over time? A result of other disabilities? Is the condition cyclical in nature or static?):
INFLUENCE OF MEDICATION: Please list current medications, if any, and how you believe they impact your ability to learn, engage with other people and/or access your environment:
ACCOMMODATIONS REQUESTED: Please list all accommodations requested at Marymount University:
HISTORY OF ACCOMMODATIONS: Please list any accommodation utilized at other institutions (K-12, college, etc.):
ADDED CONSIDERATIONS: Please list any additional concerns or questions you have (use additional pages, if needed):

Thank you for taking the time to fill out this registration form. Please submit this form with your disability documentation prior to your intake meeting with Student Access Services. You can schedule an intake meeting through Starfish, or by emailing access@marymount.edu, or calling the Student Academic Hub at 703-284-1538.