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**The Office of Accessibility Resources (OAR)**

137 Killian Annex, Cullowhee, NC 28723

Phone: (828) 227-3886 | Fax: (828) 227-7320 | [accessibility@wcu.edu](mailto:accessibility@wcu.edu)

**OAR Student Registration Form**

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| --- | --- | --- | --- |
| Student Name: |  | | |
| Date of Birth: |  | | |
| WCU Student ID (920#) |  | | |
| Local Address: |  | | |
| City, State, Zip: |  | | |
| Phone Number(s): |  | | |
| WCU Email: | @catamount.wcu.edu | | |
| Current WCU Classification: | Applicant/Incoming  Freshman  Sophomore  Junior  Senior  Graduate | | |
| Major (Current or Intended): |  | Expected Graduation Date: |  |

1. Based on your enrollment status and course schedule, what is your projected start date for providing accommodations to your faculty?
2. What are your strengths? Goals?
3. What co-curricular activities (teams, clubs, jobs, etc.) do you participate in or plan to engage in at WCU?
4. Where did you attend high school? Please provide the name of the school and location.
5. Have you ever attended another college or university?

Yes – If yes, please list the name(s):

No

1. Have you previously received accommodations or disability-related services? (Check all that apply.)

**PLEASE NOTE**: Individualized Education Programs (IEP) and 504 plans from high school no longer apply once a student graduates from high school. However, students are welcome to submit a copy of their most recent version(s) to compliment their Medical Documentation and Western Carolina University OAR Registration Form. This information, as well as any accommodations from other colleges and universities can be helpful.

504 Plan – school name:

Individualized Education Program (IEP) – school name:

Accommodation Plan/Letter – collge name:

Other relevant disability services/plans:

Not Applicable

Additional Comments:

1. Would you describe your disability as:  temporary  permanent
2. Check your claimed and/or diagnosed disability. Please choose all that apply.

|  |  |
| --- | --- |
| ☐ Specific Learning Disability | ☐ Vision Impairment/Blindness |
| ☐ ADD or ADHD | ☐ Intellectual Disability |
| ☐ Psychological Disorder | ☐ Speech/Language Impairment |
| ☐ Health Impairment/Medical Condition | ☐ Autism Spectrum Disorder |
| ☐ Mobility Limitation | Traumatic Brain Injury |
| ☐ Orthopedic Impairment | Other: |
| ☐ Hearing Impairment/Deafness | Other: |

1. What type(s) of documentation are you providing?
2. Using your own words, please describe how your disability affects your ability to function in an academic setting.
3. If applicable, please list any specialized equipment or assistive technologies that you want to bring with you, or would like for WCU to be aware of?
4. What type(s) of accommodations are you requesting?
5. Please list the year and term that you would like to begin receiving accommodations:

Year:  Fall  Spring  Summer

I authorize the Office of Accessibility Resources to disclose information about my disability to WCU faculty and staff directly involved in providing academic or support services as needed. I acknowledge that only I have filed out this form. I understand eligibility for accommodations and services is determined through an interactive process after I have submitted this form and the required documentation. I understand accommodations may not be the same as those I received in high school or at another institution, and will not apply retroactively. The accommodation determination process will take up to 5 business days once the OAR has received the required documentation.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_