



**CENTER FOR STUDENT ACADEMIC SUPPORT
APPLICATION FOR DISABILITY SERVICES**

Date: _____

Name _____ ID Number _____

College (check one): ___ Arts & Sciences; ___ Engineering; ___ Business; ___ Grad; ___ Law

Home Address _____ City, State, Zip _____ Phone: _____

School Address (if applicable) _____ Local Phone: _____

Did you have special academic accommodations in school previously? If yes, explain.

Date of your most psycho-educational or medical evaluation: _____

Describe your disability: _____

What accommodations do you need? 1. _____

2. _____

3. _____

4. _____

***NOTE: This application cannot be processed until pertinent documentation of disability has been provided.**

I UNDERSTAND THE ELIGIBILITY COMMITTEE WILL CONSIDER THE ACCOMMODATIONS AS REQUESTED ON THIS FORM AND THAT COPIES OF ALL DOCUMENTATION PROVIDED WILL BE REVIEWED BY SELECT ADMINISTRATORS AND FACULTY WHO SERVE ON THE ELIGIBILITY COMMITTEE AND OTHERS WITH A NEED TO KNOW AS DETERMINED BY THE UNIVERSITY.

Applicant Signature _____

Date _____

Center for Student Academic Support, University of Tulsa • Phone: 918.631.2315 • Fax: 918.631.3459

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