

APPLICATION

DATE: _____

NAME: _____

SOCIAL SECURITY #: _____

E-MAIL ADDRESS: _____ NET I.D. _____

HOME ADDRESS: _____

HOME TELEPHONE #: _____

LOCAL ADDRESS: _____

LOCAL TELEPHONE #: _____

GENDER: _____ DATE OF BIRTH: _____

RACE: _____ MARITAL STATUS: _____

CLASSIFICATION: _____ GPA: _____ ACT: _____

MY DISABILITY IS:

- Attention Deficit Disorder/Attention Deficit Hyperactive Disorder (Specify below)

- Orthopedic Impairment (Specify below)

- Psychological (Specify below)

- Chronic Illness (Specify below)

- Traumatic Brain Injury (Specify below)

- Hearing Impairment (Specify below)

- Visual Impairment (Specify below)

- Learning Disability (Specify below)

- Other (Specify below)

IN ORDER TO RECEIVE ACADEMIC ACCOMMODATIONS THROUGH MISSISSIPPI STATE UNIVERSITY YOU MUST BE WILLING TO PROVIDE TO THE DISABILITY RESOURCES CENTER (DRC) DOCUMENTATION THAT SPECIFIES YOUR DISABILITY.

I AM APPLYING FOR ACCOMMODATIONS BASED ON A DISABILITY AND I AM WILLING TO PROVIDE THE NECESSARY *DOCUMENTATION IN ORDER TO RECEIVE ACCOMMODATIONS THROUGH THE UNIVERSITY.

SIGNATURE

*** DOCUMENTATION SHOULD BE SUBMITTED WITH YOUR APPLICATION BEFORE AN APPOINTMENT IS MADE.**

(SEE BACK)

Disability Support Services Student Questionnaire

What is your disability? _____

When were you diagnosed with a disability? _____

Please describe the practical/functional limitations of your disability

Please describe the accommodations you believe you will need at
Mississippi State University _____
