

**ACCESSIBILITY & DISABILITIES SERVICES
COASTAL CAROLINA UNIVERSITY**

REGISTRATION FORM

NAME: _____ **DATE:** _____

PHONE: _____ **STUDENT #:** _____

E-MAIL: _____

LOCAL ADDRESS: _____

PERMANENT ADDRESS: _____

EMERGENCY CONTACT: _____

Name **Phone**

Relationship to Student

ENROLLMENT:

____ Freshman
____ Sophomore
____ Junior
____ Senior
____ Graduate Student
____ Other: _____

GENDER:

____ Female
____ Male
____ Other

AGE: _____

DATE OF BIRTH: _____

MAJOR: _____

RESIDENCE:

____ Residence Hall
____ Off-Campus

ETHNIC IDENTITY

____ Asian/Pacific Islander
____ Black/African-American
____ Hispanic/Latino(a)
____ American Indian
____ White/Caucasian
____ Other: _____

REFERRING PERSON/AGENCY:

____ Self
____ Friend
____ Parent/Family
____ Roommate
____ Partner
____ Student Health Services
____ Counseling Services
____ Professor
____ Advisor
____ University Housing Staff
____ Admissions
____ Advertisement
____ Website
____ Catalog

CHECK ACCOMMODATIONS REQUESTED AND PREVIOUSLY GRANTED AT ANOTHER SCHOOL:

REQUESTED:	PREVIOUSLY GRANTED:	ACCOMMODATION:	Office Use:
		Extended time for class assignments	
		Recorded lectures	
		Recorded textbooks	
		Preferred Seating	
		Accessible classroom furniture	
		First floor classrooms	
		Note-take/Copy of Instructor/Classmate notes	
		Brailled Materials	
		Large print handouts	
		Sign language interpreter	
		Assistive listening device	
		Extended testing time	
		Distraction-reduced testing environment	
		Orally administered tests	
		Large print tests	
		Reader/scribe	
		Use of calculator on tests	
		Use of computer on tests	
		Use of spell-checker/grammar-checker on tests	
		Priority Registration	
		Foreign Language Substitution	
		Housing Accommodations (Specify):	
		Other (Specify):	

ACCESSIBILITY AND DISABILITY SERVICES REQUESTS:

Check Interest	Service	Office Use
	Testing Center	
	Read Aloud Software	
	Workshops on:	
	Time Management	
	Self-Advocacy	
	Concentration Skills	
	Memory Techniques	
	Note-taking	
	Study Skills	
	Test Taking Strategies	
	General Academic Coaching	
	Subject-Specific Academic Coaching (when available)	

OTHER COMMENTS OR REQUESTS:

- 1) I understand that this registration begins but does not complete the process of receiving services from the Accessibility and Disability Services.**
- 2) I understand that I must provide appropriate documentation of my disability at time intervals specified by an Accessibility Coordinator.**
- 3) I understand that it is my responsibility to contact Accessibility and Disability Services at the beginning of each semester that I attend CCU to request accommodations. In addition, I agree to take a copy of my schedule to an Accessibility Coordinator within the first week of class to complete the Faculty Notification process and present the form (s) to my instructor (s) for their signature.**

Student Signature

Date

OFFICE USE:

Accessibility Coordinator

Date

NOTES:

PLAN AMENDMENTS:

Accessibility Coordinator

Date