



SPECIAL PROGRAMS AND SERVICES

Student Application

The following application is to be completed by the potential student unless unable (e.g., due to visual impairment).
If completed by someone other than the applicant, who is completing the application?

Name: _____ Relationship to Prospective student: _____

Reason: _____ Conservatorship? Yes No

Power of Attorney? Yes No Please provide legal documentation for Conservatorship or Power of Attorney

Applicant's Name: _____ Student ID #: _____

Address: _____ City: _____

State: _____ Zip Code: _____ Date of Birth: _____ Age: _____

Home Phone #: _____ Cell Phone #: _____

Student Email: _____ Personal Email: _____

NATURE OF DISABILITY:

- | | | |
|---|---|---|
| <input type="checkbox"/> Acquired Brain Injury | <input type="checkbox"/> Physical Disability | <input type="checkbox"/> Attention Deficit |
| <input type="checkbox"/> Intellectual Disability | <input type="checkbox"/> Blind and Low Vision | <input type="checkbox"/> Hyperactivity Disorder |
| <input type="checkbox"/> Mental Health Disability | <input type="checkbox"/> Autism Spectrum Disorder | <input type="checkbox"/> Other Health Conditions and Disabilities |
| <input type="checkbox"/> Learning Disability | <input type="checkbox"/> Deaf and Hard of Hearing | |

LONG-TERM GOAL:

- | | | |
|---------------------------------------|--|---------------------------------------|
| <input type="checkbox"/> Transfer | <input type="checkbox"/> Job Skills | <input type="checkbox"/> Basic Skills |
| <input type="checkbox"/> AS/AA Degree | <input type="checkbox"/> Personal/Social Development | <input type="checkbox"/> Other |
| <input type="checkbox"/> Certificate | | |

Are you presently a client of the Department of Rehabilitation? Yes No

Counselor _____ Phone _____ Fax _____

I hereby declare the statements and answers in this application are true and complete to the best of my knowledge. I agree to comply with the Registration, Fee Policy and all other college policies as set forth in the Class Schedule and College Catalog.

Signature: _____ Date: _____