

Accommodation and Access APPLICATION

All information disclosed on this form will be held in confidence. Please complete the application in its entirety. If a question does not apply to you, please note N/A (Not Applicable). This application should be returned (may email back) to the Office of Accommodations and Access, Sanford Hall, third floor, room 302. If you have any questions, please contact the Director of Disability Services at (229) 931-2661 or 229-931-2085. Thank you.

Name			
Last	First	Middle In	nitial
GSW ID #:	GSW Ma	ail Box #	
Gender () Female () Male Age	Ethnicity	
Date of Birth	Email		
Classification () freshme	en () sophomore () ju	nior () senior () gr	raduate
Are you a U.S. Citizen? () Yes () No If no, w	hat nationality?	
Transfer Student () Ye	s () No If yes, from what	t college?	
Home Address			
Street		City State	Zip
Phone #	Altern	ate #	
Dorm #			
Family Information:			
Did either of your parents	earn a bachelor's degree: ()Yes ()No	
Are you receiving assistan	ce from Vocational Rehabilit	ation Services () Yes	() No
Have you been awarded fir	nancial aid for the semester ir	n progress: () Yes ()	No
Do you have a documented	d disability for which you are	requesting services? () Y	es () No
I agree that all the informa	tion provided above is true.		
Signature	Da	ate	

OFFICE OF ACCOMMODATION AND ACCESS RELEASE OF INFORMATION

Disability Verification

I grant permission for _____

to release information concerning my disability. I understand that this information is necessary to verify my disability and to obtain academic accommodations.

I understand that documentation must be on professional letterhead and signed by a licensed professional or it is not sufficient (Complete if needing to get documentation).

I understand that documentation <u>must</u> include:

- > A definitive diagnosis
- Address the length and severity of impairment, how it currently manifest in substantial limitations in academics
- > Suggestions for appropriate accommodations
- > Any medications being taken and their side effects

Please return requested information to:

Georgia Southwestern State University Office of Accommodations and Access 800 Georgia Southwestern State University Drive Americus, Georgia 31709-4379

Name _____

Date of Birth:_____

Student's Signature	Date	

Accommodations and Access Contract

I understand that the Office of Accommodations and Access goal is to enhance my time here at Georgia Southwestern State University through tutoring, note takers, counseling, and workshops. Therefore, by signing this form, I am agreeing to:

- * Attend class as set forth by the institution.
- * Meet with Director/Coordinator at least twice each semester (3rd Floor Sanford Hall).
- * Meet with Disability Director at the beginning of each semester to discuss accommodations.

Students that anticipate absences due to their disability need to get with their instructor at the start of the semester to discuss their need for accommodations. If you anticipate having more absences than allowed on your instructor's syllabus, a written excuse from your doctor (written on doctor's letterhead) is to be given to your instructor and Office of Accommodations and Access. Students are to contact their instructor and the Office of Disability Services when you are absent any day.

Students are required to discuss their accommodations with their instructors before or after class the first day of that semester.

I understand that I will be notified of any changes made to this contract.

I understand that either the Director or I may void this contract without any obligations and will be notified if there are any changes to contract.

(Student's Signature)

(Date)

(Staff's Signature)

(Date)

OFFICE OF DISABILITY SERVICES STUDY SKILLS NEED ASSESSMENT

Please mark the following statements according to how much you believe you need help with the particular study skill area.

1.	I need help scheduling time for studying.				
	Never	Almost Never	Sometimes	_ Often	
2.		ow to stick to my schedul Almost Never		_ Often	
3.		ow to use my time effecti Almost Never	•	Often	
4.		ow to take better notes in Almost Never		_ Often	
5.		ow to get more out of rea Almost Never	0	_ Often	
6.		ow to concentrate better v Almost Never		_ Often	
7.		ow to identify and focus of Almost Never	-		
8.	-	complete assignments or Almost Never	-	_ Often	
9.		ncentrating in class. Almost Never	Sometimes	_ Often	
10.	I would find tuto	ring helpful ()	Yes () No		

Please indicate any other areas you would find most helpful to your education:

Academic Progress

A grade point average of 2.00 (C average is required for graduation from Georgia Southwestern State University. Some curricula require a higher grade point average. A student whose performance is below this level exhibits academic deficiencies. The university uses the cumulative/institution grade point average. This grade point average is used in determining academic standing. The following table shows the minimal cumulative/institution grade point average a student must achieve to make acceptable progress toward the 2.00 average and graduation. **Transfer students; please pay close attention to hours transferred in from another institution as it relates to required minimum GPA.**

Total Hours earned including	Required Minimum
Hours accepted in	Cumulative/Institution
Transfer	Grade Point Average
0-15	1.50
16-30	1.65
31-60	1.75
61 and above	2.00

The grade point average is calculated each term and appears on the grade report to inform the student of one's progress. The academic status of the student will be printed on the grade report. The categories used by the University are **Good Standing**, Academic Warning, Academic Probation, Academic Suspension, Restricted Enrollment, and Developmental Studies.

Student's Name_____

Student's Signature

GSW Student ID #_____

Testing Procedures with the Office of Accommodations and Access

If your instructor is not able to provide the accommodation(s) you are afforded for testing (distraction free environment (room), and extended time etc. you will be able to test here, Office of Accommodation and Access testing rooms. Students will not be allowed to take items into the testing room unless instructor specifies in writing.

- 1) Book bags
- 2) Handbags
- 3) Books
- 4) Paper or notes
- 5) Cell phones
- 6) Use of computer
- 7) Return completed test to instructor
- 8) Calculators
- 9) Tape recorders
 - Student will notify office 3 days before testing day
 - Pens and pencils will be provided if requested by student
 - Students need to be prompt on day and time of testing

If there are any questions please feel free to contact me at 229-931-2661.

Student Signature

Georgia Southwestern State University

Office of Accommodations and Access (229) 931-2661 Office

Dear Student,

If you're medical documentation states you are to have accommodations for test taking and if you test with the Office of Accommodations and Access you are expected to adhere to the same standards as other students. Any accommodation provided is to give you an equal opportunity at an education. Accommodations are not special privileges. In order to ensure that the Office of Accommodations and Access provides appropriate testing accommodations and maintains its integrity with the institution, we ask that you do the following and please initial by each number:

- 1. _____You are expected to discuss accommodations with Director of Accommodations and Access at the beginning of each semester.
- 2. ____You are expected to <u>remind your instructor that you receive extended</u> <u>time on test.</u>
- 3. _____You are expected to contact the Disability Director/Coordinator to schedule tests date and time (3 days prior to testing).
- 4. _____You are expected to take all tests with your class at the scheduled time unless instructor states differently.

Exceptions are only made for students who have **a class immediately following or a class prior to the class** in which they are taking a test. You will also need to discuss this with your instructor.

5. ____We will **not** hold tests. If an instructor sends a test and you have not taken it within the prearranged time, it will be returned unless instructor notifies Office of Accommodations and Access of new day/time to retake test.

If you have any questions or concerns please call (229) 931-2661 or (229) 931-2085

Student's Signature

ACCOMMODATION REQUEST FORM

Name:	GSW ID:
Address:	
Telephone: email:	
Did you receive accommodations last semester? Yes	No
Semester asking for accommodations (Check one) Fall	Spring Summer
Today's Date:	

ALL accommodation requests must be supported by your disability documentation on file with the Office of Accommodations and Access. All information on this form must be complete. <u>Incomplete requests will not be processed.</u>

COURSE NAME	COURSE NUMBER	SECTION NUMBER	ACCOMMODATIONS REQUESTED
Math	1021	014	Extended time/Notetaker (EXAMPLE)
1.			
2.			
3.			
4.			
5.			
6.			

Director Signature:_____