

ACCOMMODATION & ACCESS APPLICATION

Office of Accommodations and Access

Updated June 28, 2021

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.

Last	First	Middle Initial	
GSW ID #:	GSW	Mail Box #	
Gender () Female () Male Age	Ethnicity	
Date of Birth	Email		
Classification () freshm	en () sophomore () junior () senior () graduate	
Are you a U. S. Citizen? () Yes () No If no,	what nationality?	
Transfer Student () Ye	es () No If yes, from w	what college?	
Home Address			
Street		City State Zip	
Phone #	A	lternate #	
Residence Hall and Roon	ı#		
Family Information:			
Did either of your parent	s earn a bachelor's degre	ee: () Yes () No	
Are you receiving assista	nce from Vocational Reha	abilitation Services () Yes () No	
Have you been awarded	financial aid for the seme	ester in progress: () Yes () No	
Do you have a document	ed disability for which yo	ou are requesting services? () Yes () No	
I agree that all the inform	nation provided above is t	true.	
Signature		Date	

Release of Information Disability Verification

I grant permi	ission for
	formation concerning my disability. I understand that this information is necessary to ability and to obtain academic accommodations.
	that documentation must be on professional letterhead and signed by a licensed 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 returr	n requested information to:
	gia Southwestern State University
	e of Accommodations and Access
	Georgia Southwestern State University Drive
Amer	cicus, Georgia 31709-4379
Student's Na	ame
Date of Birth	1
Student's Sig	gnature 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 Accommodations and Access 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 sched	uling time for studying.		
	Never	Almost Never	Sometimes	Often
2.		w to stick to my schedule Almost Never		Often
3.	I need to learn ho	w to use my time effective	vely.	
	Never	Almost Never	Sometimes	Often
4.		w to take better notes in Almost Never		Often
5.		w to get more out of rea	_	Often
6.		w to concentrate better Almost Never	, ,	Often
7.		w to identify and focus o Almost Never	•	
8.	•	omplete assignments or Almost Never	•	Often
9.		ncentrating in class. Almost Never	Sometimes	Often
10.	I would find tutor	ing 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.

Required Minimum

Total Hours earned including

Total House Carries Included	
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
of one's progress. The academic status of t	term and appears on the grade report to inform the student the student will be printed on the grade report. The I Standing, Academic Warning, Academic Probation, ent, 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's Signature

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 remind your instructor that you receive extended time on test. 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

Dear Student,

Student's Signature

Office of Accommodations and Access

Date

Accommodation Request Form

			GSW	/ ID:	
Address:				Zip Code:_	
Telephone:			email:		
Did you receive	accommodatio	ns last semester	? Yes	_ No	_
Semester asking	for accommod	ations (Check or	ne) Fall	Spring	Summer
Today's Date:					
Accommodations be processed. COURSE	COURSE	section on the section of the section	his form must be o	complete. Incon	
NAME	NUMBER	NUMBER		REQUESTE	,
<u>Math</u>	1021	014	Extended tii	me/Notetaker	(EXAMPLE)
1					
1.					
2.					
2. 3.					
2.					
 2. 3. 4. 					