



Antioch College Accommodation Application

Personal Information

1. Accommodation Start Term*: _____

**Note: Select when you would like to start your services.*

2. Expected Graduation Term: _____

3. First Name: _____

4. Last Name: _____

5. Middle Name: _____

6. Optional: Preferred Name:

7. Birth Date: _____

8. Gender Pronouns: _____

Contact Information

1. Phone Number: _____

2. Antioch Email Address: _____

Local Address

1. Address*: _____
2. City*: _____
3. State*: _____
4. Zipcode*: _____

Permanent Address

1. Address: _____
2. City: _____
3. State: _____
4. Zipcode: _____

Additional Information

1. Intended Major: _____
2. Ethnicity(ies) (Select all that apply):
 - American Indian/Alaskan Native
 - Asian
 - Black or African-American
 - Hispanic or Latino
 - Native Hawaiian or Pacific Islander
 - White
 - Other: _____

Questions

1. Where did you attend high school? Please provide name of school and location.

Institution: _____

Location: _____

2. In high school, did you have any of the following? (Check all that apply.) If you had any of these in high school, please send our office the most recent copy.

IEP

504 Plan

ETR

MFE

Additional Note or Comment:

Have you ever attended another college or university? If yes, please list institution name and location.

Yes Institution: _____

Location: _____

No

Additional Note or Comment:

Did you receive accommodations from your previous institution(s)? If yes, please submit a letter from your previous institution(s) describing the accommodations you received.

Yes

No

Additional Note or Comment:

Admission to Antioch College is separate from applying for services from our office. Have you applied to the college for admission? (Current students at Antioch, leave blank)

Yes

No

Additional Note or Comment:

3. What is the nature of your disability? Please choose all that apply to you:

ADD/ADHD

Aspergers/Autism Spectrum Disorder

Deaf or Hard of Hearing

Learning Disability

Other Health Impaired

Physical Disability

Psychological/Mental Health

___ Speech/Language Impairment

___ Traumatic Brain Injury

___ Visual Impairments/Blindness

___ Other: _____

Additional Note or Comment:

4. Using your own words, please describe your disability(ies) and how it affects your ability to function in an academic setting:

5. If applicable, please list any adaptive/computer technologies that you will be requesting or using:

6. Please list any additional academic accommodations and services you are requesting:

7. I understand that in order to finalize my eligibility Disability services/accommodations, I am responsible for submitting documentation of my disability(ies) prior to receiving accommodations and participating in my pre-service interview. I also understand that the application for Disability Services is independent from my application for admission to Antioch College.

Yes

No

Signature: _____ Date: _____

Additional Note or Comment: