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Graduate Students

GRADUATE STUDENT PROFILE FORM FOR STUDENT WITH DISABILITIES

WHY COMPLETE THIS FORM?

The Graduate Student Profile Form for Students with Disabilities should be completed if you are applying to a Graduate Program and your grades do not reflect your potential because of your disability.

The information in this form is strictly confidential. This form remains in your file at the CSD, and will not be shared with anyone without your written consent.

Forward the Graduate Student Profile Form for Students with Disabilities directly to the Centre for Students with Disabilities (CSD). A reliable courier is recommended.

Please Print

Name U of G ID # (7 digits) **required ***
(included in your acknowledgement package)

Email address _____
Phone

Street _____
City

Postal Code _____
Current Institution (if applicable)

Graduate program you are applying to: _____

Department: _____ Application Deadline: _____

*** application cannot be processed without your U of G ID #**

AREA(S) OF DISABILITY:

Please check one (or more) of the following to describe your disability.

- specific learning disability vision medical acquired brain injury
- attention-deficit disorder hearing psychological / emotional physical
- other (please specify) _____

If you have checked more than one area of disability, indicate which one disability has the greatest impact on your learning. _____

Please answer the following questions in your own words and attach your answers in word processing format.

1. Depending on the nature of your disability, please indicate the time of onset —or— the age of diagnosis of your disability.
2. Describe how (if at all) your disability affected your academic performance in your prior degree(s).
3. What kinds of supports and accommodations related to your disability were you provided with during your prior degree(s) (e.g. extra time for tests, tutors, auxiliary or technical aids)?
4. How helpful/necessary were these supports and accommodations for your academic success?
5. What accommodations and supports do you anticipate you will require to ensure your academic success in your graduate program?
6. Is there anything else you would like us to know about your disability?

I verify that the information on this form is true and accurate to the best of my knowledge and belief.

students signature

date