

disability form

UNIVERSITY OF THE CUMBERLANDS

WILLIAMSBURG, KENTUCKY 40769-1372
TOLL FREE 1-800-343-1609 TEL 606-539-4241 FAX 606-539-4303
WWW.UCUMBERLANDS.EDU

Please complete this form and attach the supporting documents described below if you have a certified disability and are seeking accommodations.

If you have a certified learning disability and are seeking accommodation because of your disability, please submit a copy of your testing results and the recommendation for accommodation. All documents must be from a licensed psychometrician, and all evaluations must have been completed within three years prior to your enrollment at University of the Cumberland.

If you have a physical disability, please submit a letter from a physician describing the disability and the necessary restrictions.

When possible, the University will seek to reasonably accommodate your disability. However, the University's obligation to reasonably accommodate any student's disability ends where the accommodation would pose an undue hardship on the University or where the accommodation in question would fundamentally alter the academic program.

Inquiries should be directed to the Vice President for Academic Affairs at (606) 539-4214 or 1-800-343-1609.

LAST NAME FIRST MIDDLE PREFERRED NAME

HOME ADDRESS

CITY COUNTY STATE ZIP

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HOME PHONE DATE OF BIRTH SOCIAL SECURITY NUMBER

HIGH SCHOOL ATTENDED

MY DISABILITY IS

DATE OF LAST EVALUATION (AN EXAMINATION WITHIN THE LAST 3 YEARS IS REQUESTED)

NAME OF PERSON MAKING EVALUATION

ADDRESS OF PERSON MAKING EVALUATION

LIST ANY ACCOMMODATIONS RECEIVED IN HIGH SCHOOL

Please detail any additional information you would like the university to know.

• Please complete back of form •

UNIVERSITY OF THE CUMBERLANDS

accommodations request form

WHAT ACCOMMODATIONS OR AUXILIARY AIDS DO YOU REQUEST?

1. _____
2. _____
3. _____

This application may not be processed until appropriate documentation of disability is available.

I understand an advisory committee will consider the accommodations requested and that the documentation provided will be reviewed by the administration and faculty who serve on the committee.

STUDENT SIGNATURE

DATE

Request _____ Approved _____ Denied _____

COMMENTS

ADMINISTRATION SIGNATURE

DATE

PLEASE RETURN THIS FORM TO:

Office of Admissions
6178 College Station Drive
Williamsburg, KY 40769-1372