

Application for Reasonable Accommodations

Mississippi College
Office of Student Disability Services
(601) 925-7790
roporter@mc.edu

Personal Information

First Name: _____

Last Name: _____

MC ID#: _____

Phone: _____

E-Mail: _____

Date of Birth: _____

Gender (circle): female male

Local Address: _____

Home Address: _____

Disability Related Information

**Please check all that apply and list specific diagnosis with date of last diagnosis next to indication.*

<u>Check Box</u>	<u>Disability Category</u>	<u>Specific Diagnosis</u>	<u>Date</u>
	Specific Learning Disability		
	Mobility		
	Visual		

	Psychological		
	Cognitive		
	ADD/ADHD		
	Seizure		
	Hearing Impaired		
	Medical Condition		
	Physical		
	Orthopedic		
	Temporary		

Type of Accommodations Requested

**Please check all that apply.*

- ☐ Academic - Traditional Course
- ☐ Academic - Distance Education
- ☐ Academic - Testing
- ☐ Non-Academic - Housing
- ☐ Non-Academic - Meals
- ☐ Other: _____

Academic Information

Are you currently admitted to Mississippi College (circle)? yes no

Academic Status

_____ Freshman

_____ Sophomore

_____ Junior

_____ Senior

Academic School

_____ Undergraduate

_____ Graduate

_____ Law

_____ Non-Degree Certificate Program

Academic Major: _____

School/Department: _____

Military Information

☐ Active Duty

☐ Veteran