



DECLARATION OF DISABILITY FORM (DDF)

The Mico University College is committed to ensuring equal access to education for students with all types of documented disability, temporary or long-term, including but not limited to – visual, hearing, mobility, manual, chronic illnesses or learning disabilities. The University College does not discriminate on the basis of gender, religion, sexual orientation, race or disability in any of its educational programmes or activities. The institution offers a variety of support services to assist students in ensuring access and in meeting their educational goals. If you have a disability and require accommodation, please complete this form.

DEMOGRAPHIC INFORMATION

NAME: _____ DATE: _____
First Middle Last

ID NO.: _____ SPECIALIZATION: _____

HOME ADDRESS: _____

TELEPHONE: _____
Home Cell Work (including extension)

EMAIL: _____

DISABILITY

The diagnosed disability or impairment is temporary long-term/permanent

Please indicate your Primary Disability (P) and, if applicable, Secondary Disability (S)

Visual _____
 Hearing _____
 Mobility _____
 Manual _____
 Chronic illness _____
 Learning _____
 Other (not otherwise classified) _____

ACCOMMODATIONS

As a result of the disabilities indicated, what accommodations, if any, have been made, or recommended in the past? What accommodations do you think you might need? Tick all that apply. List any others that are not indicated below. These 'others' will be assessed to determine whether or not they can be provided.

- | | | |
|-----------------------------------------------------|---------------------------------------------------------------|----------------------------------------------------------------------------------------|
| <input type="checkbox"/> Peer note takers | <input type="checkbox"/> Quiet/separate test setting | <input type="checkbox"/> Physical accessibility |
| <input type="checkbox"/> Scribes/Readers for exams | <input type="checkbox"/> Extended test times | <input type="checkbox"/> Material in alternative formats (audio, large print, Braille) |
| <input type="checkbox"/> Modified access to website | <input type="checkbox"/> Specialized equipment in the Library | <input type="checkbox"/> Other (list below) |
| <input type="checkbox"/> Sign Language/Interpreters | <input type="checkbox"/> Auxiliary aids and services | |

DOCUMENTATION

Documentation of disability and its functional limitations determine the accommodations provided in the higher education setting. Please attach a copy of official documentation describing your disability.

- **Visual Loss:** Please send a copy of your most recent eye examination results. (Students who use corrective lenses must have correct vision of not less than 20/200 and include any limitations or necessary accommodations)
- **Hearing Loss:** Please send a copy of your most recent audiogram (within the last two years) and include any limitations or necessary accommodations)
- **Physical Disability:** Please send medical documentation stating your disability and any limitations you may have as a result.
- **Chronic Illnesses:** Please send medical documentation stating your illness and any limitations you may have as a result.
- **Learning Disability:** Please send a recent (no more than three years past) psycho-educational or psychological report (whichever applies). Please note that the University College DOES NOT provide a special programme for students with learning disabilities.

The information provided in this declaration are, to the best of my knowledge, true and accurate. I understand that intentional falsification, exaggeration or other misrepresentation may jeopardise the approval of this application for accommodation.

Signature of Applicant

Date

FOR OFFICIAL USE ONLY	
STATUS:	<input type="checkbox"/> Prospective <input type="checkbox"/> Continuing <input type="checkbox"/> Current <input type="checkbox"/> Re-admitted
STUDENT TYPE:	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time
LEVEL:	<input type="checkbox"/> Undergraduate <input type="checkbox"/> Graduate
SEMESTER:	<input type="checkbox"/> 1 (September) <input type="checkbox"/> Summer (June) <input type="checkbox"/> 2 (January)
DOCUMENTATION SUBMITTED: <i>(ensure that this form always has a copy of each document attached)</i>	<input type="checkbox"/> Medical Report indicating: <input type="checkbox"/> Named/Described disability <input type="checkbox"/> Impairments resulting from disability <input type="checkbox"/> Required accommodation <input type="checkbox"/> Recommended accommodation <input type="checkbox"/> Evidence of accommodations previously provided (elsewhere)
	<input type="checkbox"/> Other (specify):
DECISION:	<input type="checkbox"/> Approved Accommodations to be provided:
	<input type="checkbox"/> Not Approved Reason:
SIGNATURE:	
	<div style="display: flex; justify-content: space-between; width: 100%;"> Registrar Date </div>