



**DISABILITY SERVICES APPLICATION GEORGIA
SOUTHWESTERN STATE UNIVERSITY**

All information disclosed on this form will be held in confidence. Please complete the application in its entirety. If a question does not apply to you, please note N/A (Not Applicable). This application should be returned to the Office of Disability Services, Sanford Hall, third floor, room 302. If you have any questions, please contact the Director of Disability Services at (229) 931-2661 or 229-931-2085. Thank you.

Name _____
Last First Middle Initial

GSW ID #: _____ GSW Mail Box # _____

Gender () Female () Male Age _____ Ethnicity _____

Date of Birth _____ Email _____

Classification () freshmen () sophomore () junior () senior () graduate

Are you a U. S. Citizen? () Yes () No If no, what nationality? _____

Transfer Student () Yes () No If yes, from what college? _____

Home Address _____
Street City State Zip
Street City State Zip

Phone # _____ Alternate # _____

Family Information:

Address _____

Did either of your parents earn a bachelor's degree: () Yes () No

Are you receiving assistance from Vocational Rehabilitation Services () Yes () No

Have you been awarded financial aid for the semester in progress: () Yes () No

Do you have a documented disability for which you are requesting services? () Yes () No

I agree that all the information provided above is true.

Signature _____ Date _____

OFFICE OF DISABILITY SERVICES

RELEASE OF INFORMATION

Disability Verification

I grant permission for _____
to release information concerning my disability. I understand that this information is necessary to
verify my disability and to obtain academic accommodations.

I understand that documentation must be on professional letterhead and signed by a licensed
professional or it is not sufficient.

I understand that documentation **must** include:

- A definitive diagnosis
- Address the length and severity of impairment, how it currently manifest in
substantial limitations in academics
- Suggestions for appropriate accommodations
- Any medications being taken and their side effects

Please return requested information to:

Georgia Southwestern State University
Office of Disability Services
800 Georgia Southwestern State University Drive
Americus, Georgia 31709-4379

Name _____

Date of Birth: _____

Student's Signature _____ Date _____

DISABILITY SERVICES CONTRACT

I understand that the Office of Disability Services' goal is to enhance my time here at Georgia Southwestern State University through tutoring, note takers, counseling, and workshops. Therefore, by signing this form, I am agreeing to:

- * Attend class as set forth by the institution.
- * Meet with Director/Coordinator at least twice each semester (3rd Floor Sanford Hall).
- * Meet with Disability Director at the beginning of each semester to discuss accommodations.

Students that anticipate absences due to their disability need to get with their instructor at the start of the semester to discuss their need for accommodations. If you anticipate having more absences than allowed on your instructor's syllabus, a written excuse from your doctor (written on doctor's letterhead) is to be given to your instructor and Disability Services Office. Students are to contact their instructor and the Office of Disability Services when you are absent any day.

Students are required to discuss their accommodations with their instructors before or after class the first day of that semester.

I understand that I will be notified of any changes made to this contract.

I understand that either the Director of Disability Services or I may void this contract without any obligations and will be notified if there are any changes to contract.

(Student's Signature)

(Date)

(Staff's Signature)

(Date)

**OFFICE OF DISABILITY SERVICES
STUDY SKILLS NEED ASSESSMENT**

Please mark the following statements according to how much you believe you need help with the particular study skill area.

1. I need help scheduling time for studying.
Never ____ **Almost Never** ____ **Sometimes** ____ **Often** ____
2. I need to learn how to stick to my schedule.
Never ____ **Almost Never** ____ **Sometimes** ____ **Often** ____
3. I need to learn how to use my time effectively.
Never ____ **Almost Never** ____ **Sometimes** ____ **Often** ____
4. I need to learn how to take better notes in class.
Never ____ **Almost Never** ____ **Sometimes** ____ **Often** ____
5. I need to learn how to get more out of reading material.
Never ____ **Almost Never** ____ **Sometimes** ____ **Often** ____
6. I need to learn how to concentrate better while studying.
Never ____ **Almost Never** ____ **Sometimes** ____ **Often** ____
7. I need to learn how to identify and focus on important material.
Never ____ **Almost Never** ____ **Sometimes** ____ **Often** ____
8. I often forget to complete assignments or responsibilities.
Never ____ **Almost Never** ____ **Sometimes** ____ **Often** ____
9. I have trouble concentrating in class.
Never ____ **Almost Never** ____ **Sometimes** ____ **Often** ____
10. I would find academic work shops helpful () Yes () No

Please indicate any other areas you would find most helpful to your education:

Academic Progress

A grade point average of 2.00 (C average) is required for graduation from Georgia Southwestern State University. Some curricula require a higher grade point average. A student whose performance is below this level exhibits academic deficiencies. The university uses the cumulative/institution grade point average. This grade point average is used in determining academic standing. The following table shows the minimal cumulative/institution grade point average a student must achieve to make acceptable progress toward the 2.00 average and graduation. **Transfer students; please pay close attention to hours transferred in from another institution as it relates to required minimum GPA.**

Total Hours earned including Hours accepted in Transfer	Required Minimum Cumulative/Institution Grade Point Average
0-15	1.50
16-30	1.65
31-60	1.75
61 and above	2.00

The grade point average is calculated each term and appears on the grade report to inform the student of one's progress. The academic status of the student will be printed on the grade report. The categories used by the University are **Good Standing, Academic Warning, Academic Probation, Academic Suspension, Restricted Enrollment, and Developmental Studies.**

Student's Name _____

Student's Signature _____

GSW Student ID # _____

Testing Procedures with the Office of Disability Services

If your instructor is not able to provide the accommodation(s) you are afforded for testing (distraction free environment (room), and extended time etc. you will be able to test here, Office of Disability Services testing rooms. Students will not be allowed to take items into the testing room unless instructor specifies in writing.

- 1) Book bags
 - 2) Handbags
 - 3) Books
 - 4) Paper or notes
 - 5) Cell phones
 - 6) Use of computer
 - 7) Return completed test to instructor
 - 8) Calculators
 - 9) Tape recorders
- ❖ Student will notify office 3 days before testing day
 - ❖ Pens and pencils will be provided if requested by student
 - ❖ Students need to be prompt on day and time of testing

If there are any questions please feel free to contact me at 229-931-2661.

Student Signature

Evelyn Oliver
Director of Disability Services and Testing

Georgia Southwestern State University

Office of Disability Services
(229) 931-2661 Office

Dear Student,

If your medical documentation states you are to have accommodations for test taking and if you test with the Disability Services Office you are expected to adhere to the same standards as other students. Any accommodation provided is to give you an equal opportunity at an education. Accommodations are not special privileges. In order to ensure that the Office of Disability Services provides appropriate testing accommodations and maintains its integrity with the institution, we ask that you do the following and please initial by each number:

1. _____ You are expected to discuss accommodations with Director of Disability Services at the beginning of each semester.
2. _____ You are expected to **remind your instructor that you receive extended time on test.**
3. _____ You are expected to contact the Disability Director/Coordinator to schedule tests date and time **(3 days prior to testing).**
4. _____ You are expected to take all tests with your class at the scheduled time unless instructor states differently.

Exceptions are only made for students who have **a class immediately following or a class prior to the class** in which they are taking a test. You will also need to discuss this with your instructor.

5. _____ We will **not** hold tests. If an instructor sends a test and you have not taken it within the prearranged time, it will be returned unless instructor notifies Office of Disability Services of new day/time to retake test.

If you have any questions or concerns please call (229) 931-2661 or (229) 931-2085

Student's Signature

Date

Director Signature

Date

Georgia Southwestern State University

Office of Disability Services, Sanford Hall, 3rd Floor

(229) 931-2661 or 229-931-2085

ACCOMMODATION REQUEST FORM

NAME: _____ GSW ID: _____

Address: _____ Zip code: _____

Telephone: _____

Did you receive accommodations last semester? Yes _____ No _____

Semester asking for accommodations (Check one) Fall ___ spring ___ summer ___

Today's Date: _____

ALL accommodation requests must be supported by your disability documentation on file with the Office of Disability Services. All information on this form must be complete. Incomplete requests will not be processed.

<u>COURSE NAME</u>	<u>COURSE NUMBER</u>	<u>SECTION NUMBER</u>	<u>ACCOMMODATIONS REQUESTED</u>
<i>Math</i>	<i>1021</i>	<i>014</i>	<i>Extended time/Note taker (EXAMPLE)</i>
1.			
2.			
3.			
4.			
5.			
6.			

Student Signature _____

Director Signature _____

