



DRC STUDENT APPLICATION

The Disability Resource Center (DRC) is committed to providing equal access for students with disabilities at UGA.

OVERVIEW

In order to receive accommodations at UGA, please complete the following steps:

1. Submit the Student Application form below
2. Submit current disability documentation that meets DRC guidelines. Guidelines can be found on our website.
3. Attend an initial interview with your DRC coordinator

Once you have completed your application, it will be reviewed by the DRC Intake Team. If any additional information is needed, we will follow up via your UGA email address. This review process can take time; if you have any questions about the status of your application, you can always contact our office.

Once the review process is complete, you will be assigned to a disability coordinator. They will contact you via email to schedule an initial interview. This is where you will discuss accommodations in more detail and develop a plan for putting them into place.

Students may complete the application at any time, but we encourage students to complete it as early as possible. All information provided to the DRC is confidential.

DIRECTIONS FOR COMPLETING THE STUDENT APPLICATION

Please answer all questions as completely as possible. If a question does not apply to you, please select "Not Applicable." If you require more room for written responses, you are welcome to attach additional pages.

To submit your application, or to contact our office with questions, please see our contact information below:

Address: Clark Howell Hall, 825 South Lumpkin Street, Athens, GA 30602-3338

Phone: 706-542-8719

Fax: 706-542-7719

Email: drc@uga.edu

PERSONAL INFORMATION:

Start Term: _____

Expected Graduation Term: _____

First Name: _____

Last Name: _____

Middle Name: _____

Preferred Name (Optional): _____

Student ID (81#): _____

Birth Date: _____

Gender: _____

Pronouns: _____

CONTACT INFORMATION:

Cell Phone Number: _____

Other Phone Number: _____

Email Address: _____

LOCAL ADDRESS:

Address: _____

City: _____

State: _____

Zip code: _____

PERMANENT ADDRESS:

(Leave blank if same as local address)

Address: _____

City: _____

State: _____

Zip code: _____

ADDITIONAL INFORMATION:

Seeking Degree:

- Undergraduate
- Masters
- Educational Specialist
- Doctoral
- Law
- Pharmacy
- Veterinary Medicine

Affiliations (check any that apply):

- Athletics (UGA Student Athlete)
- Collegiate Recovery Community
- TRIO
- Veteran
- Vocational Rehabilitation

Campus Location

- Athens
- Buckhead
- Griffin
- Gwinnett
- Health Sciences Campus
- Tifton
- Online

QUESTIONS:

1. Current UGA Status

Incoming 1st year student

Current undergraduate student

Incoming graduate / professional student

Current graduate student

Transfer student

Other: Specify: _____

2. Major: _____

3. Disability Diagnosis: _____

4. Date of Diagnosis: _____

5. Current Medications (if applicable): _____

6. How does your disability impact you in an academic environment?

7. Please list any academic accommodations and / or services that you used in high school, if applicable:

8. Please list any colleges previously attended and any academic accommodations and / or services used there, if applicable:

9. Please list any accommodations that you used on any national standardized exams (SAT, ACT, GRE, LSAT, etc.), if applicable:

10. Please list the academic accommodations that you are requesting for UGA (academic accommodations can refer to both classroom and testing accommodations):

11. Do you live on or off campus?

- On campus (Undergraduate Housing)
- On campus (Family & Graduate Housing)
- On campus (Health Sciences Campus)
- Off campus
- Prefer not to answer

12. HOUSING: If you live **ON CAMPUS**, do you require residential housing accommodations?

- Yes
- No
- Not applicable

13. HOUSING: If you live ON CAMPUS, how does your disability affect you in a residence hall setting?
(Leave blank if not applicable)

14. HOUSING: If you are living ON CAMPUS, what specific housing accommodations are you requesting?
(Leave blank if not applicable)

15. Please list any auxiliary aids, equipment, assistive technology, and/or other services you anticipate using while attending UGA:
(Leave blank if not applicable)

16. Do you need assistance with transportation and/or parking? (Specify below)

- Yes
- No
- Not Sure

17. Do you need accommodations for any of the following? Please check all that apply:
(Leave blank if not applicable)

- Placement Exams
- Study Abroad programs
- Field courses/trips
- Internship courses
- Clinical courses
- I'm not sure
- Other (specify below):

18. I understand that my request for accommodations cannot be approved until all documentation is submitted and approved by the Disability Resource Center. Detailed eligibility criteria can be found on our website at the link listed in the instructions. Please select your chosen method of submitting your documentation below:

I will upload my documentation later

I will fax, mail or hand deliver by disability documentation to the Disability Resource Center.

Fax: 706-542-7719

Mail: Disability Resource Center

Clark Howell Hall

825 South Lumpkin Street

Athens, GA 30602

Hand delivery: 825 South Lumpkin Street (park at Tate Student Center)

19. I authorize the Disability Resource Center to discuss my documentation with the clinician who authored the documentation, or other qualified personnel, should further clarification be required.

Signature: _____

Date: _____

20. By submitting this form, I certify that the information provided is correct. I understand that in order to be eligible for accommodations at the University of Georgia, I must (1) submit this completed form, (2) submit my disability documentation, and (3) complete an initial interview with a coordinator at the Disability Resource Center.

Signature: _____

Date: _____