UNIVERSITY OF NEW ENGLAND

STUDENT ACCESS CENTER

Today's date		
Student Name		-
Chosen Name	Chosen Pronouns	
PRN/Student ID	(N/A if prospective student)	
Permanent address (street, city, sta	te, zip code):	
Phone		
	Would you like us to refer you (name and email (SASC) for additional academic support? Please note: Referrals to SASC do not apply to n Yes, please refer me:	
Applied Nutrition E	ducation 🛛 Health Informatics	Public Health
Social Work Sci	ience Prerequisites for Health Profe	ssionals (SPHP)*
*For which SPHP course(s) are you r	requesting accommodations?	
Course name:	Start Date:	End Date:
Course name:	Start Date:	End Date:
Course name:	Start Date:	End Date:
Did you receive support services at	another educational institution?	Yes No

What is your primary disability?

What (if any) is your secondary disability?

Please describe how your disability affects your major life activities (examples of "major life activities" include but are not limited to learning, concentrating, sleeping, speaking, eating, reading, etc.).

Please list the accommodations you are requesting:

By signing below, I certify that the information I have provided in this application is, to the best of my knowledge, true, complete, and accurate. By signing below, I acknowledge that I understand the accommodations process requires my full participation and interaction with the Student Access Center.

Student signature

Assistance provided by (if applicable)_____

Date

This application and any supporting documentation, which will remain confidential under the scope of pertinent laws regarding post-secondary education, can be submitted via ground mail, email, or fax to:

Student Access Center University of New England 716 Stevens Avenue Portland, ME 04103 Phone: 207-221-4302 Fax: 207-523-1919 Email: <u>pcstudentaccess@une.edu</u>

Documentation guidelines can be found at <u>une.edu/student-access-center/request-for-accommodations</u>