



**Registration Form
Office of Disability Services (ODS)**

You must submit supporting documentation from a qualified professional for ODS to review your request. Once both documentation and this registration form have been received, the registration process takes approximately 2 weeks to complete.

DATE: _____ X# _____

NAME: _____

ADDRESS: _____ PREFERRED TELEPHONE # _____

_____ SJU EMAIL: _____

EMERGENCY CONTACT: Name _____ Phone# _____

RESIDENT STUDENT? ___ Yes ___ No IF YES, LOCATION? _____

Date of Birth: _____ Gender Identity: _____

Are you an international student? ___ Yes ___ No

Are you in the military or a veteran? ___ Yes ___ No

YEAR STARTED AT ST. JOHN'S (or anticipated start date): _____

Below, please check your education level and related academic information

___ UNDERGRADUATE

Academic status: ___ Freshman ___ Sophomore ___ Junior ___ Senior ___ Other

Major: _____ College: ___ SJC ___ CCPS ___ TCB ___ Educ ___ Health

___ GRADUATE Academic status: ___ Master's ___ Doctoral ___ Other

Program: _____ College: ___ SJC ___ CPS ___ TCB ___ Educ ___ Health

___ LAW Academic Status: ___ L1 ___ L2 ___ L3 ___ Other

Diagnosis/Condition(s): _____

Reasonable Accommodation(s) Requested: (you may attach additional pages if needed) _____

