



**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 # \_\_\_\_\_

City, State \_\_\_\_\_ St John's Email: \_\_\_\_\_

EMERGENCY CONTACT: Name \_\_\_\_\_ Phone# \_\_\_\_\_

Are you a 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: \_\_\_ GSAS \_\_\_ CPS \_\_\_ TCB \_\_\_ Educ \_\_\_ Health \_\_\_ Law

**\_\_\_ LAW Academic Status: \_\_\_ L1 \_\_\_ L2 \_\_\_ L3 \_\_\_ Other**

**TO BE COMPLETED BY STUDENT:** Please provide **your perspective** of your diagnosis and needs:

Diagnosis/Condition(s): \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_