

University of Massachusetts Dartmouth  
**Center For Access and Success**

**CONFIDENTIAL**

Date: \_\_\_\_\_

1. Name: \_\_\_\_\_
2. Address: \_\_\_\_\_
3. Telephone: \_\_\_\_\_
4. Student ID: \_\_\_\_\_
5. Date of Birth: \_\_\_\_\_
6. Are you a full-time student?      Yes:\_\_\_\_\_      No:\_\_\_\_\_
7. What is your major? \_\_\_\_\_
8. What is your anticipated year of graduation? \_\_\_\_\_
9. What is your present career goal? \_\_\_\_\_
10. Has your disability been diagnosed? \_\_\_\_\_
11. is there a copy of the test results on file in CAS?    Yes:\_\_\_\_\_    No:\_\_\_\_\_
12. Did you have an I.E.P. in high school?    Yes:\_\_\_\_\_    No:\_\_\_\_\_

**RECOMMENDED ACCOMODATIONS**

13. Alternative Testing      Yes: \_\_\_\_\_    No: \_\_\_\_\_
14. Foreign Language Adjustment    Yes: \_\_\_\_\_    No: \_\_\_\_\_
15. Notetaking      Yes: \_\_\_\_\_    No: \_\_\_\_\_
16. Reading Assistance      Yes: \_\_\_\_\_    No: \_\_\_\_\_
17. Can you give us any additional information that would assist CAS in accomodating your classroom needs?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I hereby state that all of the information I have supplied above is true to the best of my knowledge.

**Student Signature:** \_\_\_\_\_