

## OAS APPLICATION FOR SERVICES

Students with disabilities at Florida State University can find a variety of services within Office of Accessibility Services designed to coordinate academic accommodations, on-campus housing accommodations, enhance academic success, and ensure access to all phases of university life.

Personnel in the OAS oversee and coordinate services to ensure accessibility to all students with documented disabilities on an individual basis. Academic and housing accommodations are determined based on documentation submitted by the student; these are monitored by disability specialists in the program. The office also provides some assistive technology equipment and services. All services through the main office are free of charge.

### **Application Instructions:**

1. Apply and be accepted to Florida State University. Students with disabilities must go through the standard admissions procedure.
2. Complete this application for services from the Office of Accessibility Services and return it along with the documentation for the disability.
3. The application deadline for academic accommodations is **7 business days prior to the date needed**. You may apply for services at any time during the semester, but the OAS will require 7 days to process your application and schedule the intake meeting. Accommodations are not retroactive, meaning they only apply from the point of completing the intake meeting and submitting the letter of accommodation to your faculty member. Faculty members also have 1 week to implement approved accommodations from the date the student meets with his/her faculty member regarding the approved accommodations. Applications received within the last 10 class days of the semester will be processed for the following semester in which you are enrolled.
4. Mail, Email, hand deliver, or fax completed applications, along with documentation to:  
Office of Accessibility Services  
Florida State University  
874 Traditions Way  
108 Student Services Building  
Tallahassee, FL 32306-4167  
  
(850) 645-1852 (Fax)  
OAS@fsu.edu
5. Once approved, the student will meet with an accessibility specialist in the OAS for an intake interview, during which approved academic accommodations will be reviewed.

## Basic Information

Full Name:	EMPLID#:	
Campus/Local Address:	City/State:	Zip Code:
Cell/Local Phone:	Student E-mail:	
Parent/Guardian Name(s):		
Parent/Guardian Address:	City/State:	Zip Code:
Parent/Guardian Phone:	Parent E-mail:	

## Application Information

Semester Applying For: <input type="checkbox"/> Summer A <input type="checkbox"/> Summer B <input type="checkbox"/> Summer C <input type="checkbox"/> Fall <input type="checkbox"/> Spring	
Year Applying For: _____	
Type of Accommodations being requested (please check all that apply): <input type="checkbox"/> Academic Accommodations <input type="checkbox"/> Housing Accommodations <input type="checkbox"/> Dietary Accommodations	
Please Specify Your Disability Area:  <input type="checkbox"/> Autism Spectrum Disorder <input type="checkbox"/> Learning Disability <input type="checkbox"/> Deaf/Hard of Hearing <input type="checkbox"/> Mobility Impairment/ Physical Disability <input type="checkbox"/> Attention Deficit Hyperactivity Disorder (AD/HD) <input type="checkbox"/> Other (please describe)	  <input type="checkbox"/> Traumatic Brain Injury <input type="checkbox"/> Visual Impairment <input type="checkbox"/> Psychological Impairment <input type="checkbox"/> Traumatic Brain Injury <input type="checkbox"/> Medical/Chronic Health Condition
1. Please describe your disability and how it has enhanced or hindered your academic progress and your daily living activities to date:	
2. Are you currently seeing a psychiatrist, therapist or disability specialist? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If No, would you like to receive information about the Florida State University Counseling Center? <input type="checkbox"/> Yes <input type="checkbox"/> No	

3. Please list all prescribed and non-prescribed medications, and describe the side effects, if any, from taking these medications.

4. Please describe any reasonable academic accommodations you think you need at Florida State University.

5. If you are requesting assistive technology, what assistive technologies have you used in the past? What skills does the assistive technology help you with?

\*\* If you anticipate needing assistive technology on your letters of accommodation, we highly recommend that the justification for such is included in your official documentation. \*\*

6. Please describe your learning strengths and weaknesses.

7. Please describe any request for a specific housing accommodation and how you perceive the specifically requested accommodation would impact your daily living/academic life (please note all housing accommodation requests must be accompanied by documentation which specifically addresses and supports the housing accommodation being requested)

8. Please describe any additional concerns you have or would like to discuss with Office of Accessibility Services.

## College Information

Current Class Year:	<input type="checkbox"/> Freshman <input type="checkbox"/> Sophomore	<input type="checkbox"/> Junior <input type="checkbox"/> Senior	<input type="checkbox"/> Transfer Student <input type="checkbox"/> Graduate School	
Current College/College Applying For:	<input type="checkbox"/> Applied Science <input type="checkbox"/> Arts and Sciences <input type="checkbox"/> Business <input type="checkbox"/> Communication and Information <input type="checkbox"/> Criminology and Criminal Justice <input type="checkbox"/> Education <input type="checkbox"/> Engineering <input type="checkbox"/> Fine Arts		<input type="checkbox"/> Human Sciences <input type="checkbox"/> Law <input type="checkbox"/> Medicine <input type="checkbox"/> Motion Picture Arts <input type="checkbox"/> Music <input type="checkbox"/> Nursing <input type="checkbox"/> Social Sciences and Public Policy <input type="checkbox"/> Social Work	
Anticipated/Current Major:				

This application and documentation of my disability must be submitted prior to meeting with a Office of Accessibility Services disability specialists for an intake interview. During this meeting we will discuss services for which I am eligible. The information submitted to the Office of Accessibility Services is confidential. I know that the information submitted to Office of Accessibility Services **WILL NOT** be placed in my academic records. I understand that **admission** to Florida State University is a separate process and is completed through the Office of Admissions.

Signature:		Date:	
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