

Columbia College CAREER AND STUDENT SUCCESS SERVICES

APPLICATION FORM



APPLICATION PROCESS TO RECEIVE ACCOMMODATIONS

The purpose of the application form is to give you, **the student**, the opportunity to tell the Career and Student Success Services about your disability, the impact of the condition, the accommodations that you will need to address the impact, and what accommodations you are requesting.

To request accommodations, the following steps must be completed and approved:

- Step 1: Submission of the *Accessibility Services Application Form*. Information provided on the form is kept confidential.
- Step 2: Submission of current and comprehensive disability documentation provided by a qualified physician or other licensed professional in a field related to the disability or medical condition. Your physician may use the *Medical Diagnosis Documentation Form* provided as a separate attachment along with this application. If your physician prefers to use their own form/letter, please refer to the *Guidelines for Documenting a Disability* portion of our form so they know what information needs to be included.
- Step 3: (if applicable) Submission of an *Emotional Support Animal Accommodation Request* along with this form, submission of vet records that will support the health, age and shots for the animal. This form will be available upon request from the Office of Student Success.
- Step 4: Meet with the Director of the Office of Student Success for an intake interview and to review documentation guidelines. *Note*: if future changes to accommodations are requested (added or omitted), additional documentation and/or another meeting may be required.

Students are encouraged to apply for reasonable accommodations <u>30 days</u> prior to the beginning of the initial semester of enrollment, to allow time to provide adequate coordination of reasonable accommodations.

Approval or Denial of Accommodation Request:

Once the above steps have been successfully completed, all documents have been reviewed and student has met with the Office of Student Success Director for an interview, the Director will make the determination whether the student has met the requirements for accommodations and either approve or deny their request. During the interview, the Student Success Director and the student together may make adjustments to their accommodations as necessary.

Upon approval of accommodations, a **Letter of Accommodation** will be written and emailed to the student listing their accommodations.

The student is **required** to communicate with their instructor(s) during the first week of the semester to clarify any individualized accommodation needs or questions pertaining to the classroom environment or course requirements.

- Print or pick up Letters of Accommodation from the Office of Student Success and present a copy to <u>all</u> current faculty members by the end of the first week of each semester.
- Take the time to discuss their accommodations and their implementation. This may be an appropriate time to discuss other extenuating circumstances with instructors (such as side effects from prescribed medications, the use of assistive devices or services, specifics of testing accommodations, etc.).



Please note: Faculty members are not obligated to provide accommodations for a student's disability or medical condition without receipt of a **Letter of Accommodation** from the Office of Student Success. The presentation of a Letter of Accommodation from the Office of Student Success indicates to professors that the student has provided sufficient documentation of their disability or medical condition and that the accommodation(s), which they are requesting, are appropriate and reasonable. Letters of Accommodation should be given to ALL current faculty members during the first week of the semester.

For your application to be considered, completed forms must be submitted to the Office of Student Success:

- By fax 803-786-3963
- Emailed to Samelia Abney <u>sabney@columbiasc.edu</u>; or Patty Boggs- <u>pboggs@columbiasc.edu</u>
- Dropped off at the Office of Student Success (basement of Eden's Library-room 109A)

DEADLINES FOR SUBMITTING APPLICATIONS

Academic-Type Accommodations: no deadline- while there is no deadline for academic accommodations, they are *not retroactive*: accommodations will begin once approved and student submits their accommodation letter to their professors.

Medical Single or Emotional Support Animal (ESA) Accommodation

Returning Students

- Requests for the <u>Fall semester March 1st</u>
- Requests for the Spring semester October 1st

Incoming 1st Year and Transfer Students

- *April 1st for Fall semester*
- October 15th for Spring semester

Assistant Director of Career & Student Success Services

Samelia K. Abney

Accessibility Services & Accommodations Manager Eden's Library – Rm. 109A sabney@columbiasc.edu p. 803.786.3713 | f. 803.786.3963



Request for Accommodations ACCESSIBILITY SERVICES APPLICATION

Part I. Type(s) of Accommodation(s) Requested: (check all that apply) ☐ Academic ☐ Medical Single Housing ☐ Emotional Support Animal* ☐ Other: (*Additional Forms Required- for Emotional Support Animal Accommodation Request) **Part II. Student Personal Information** Full Name Student ID Home (____) _____ -___ Cell (____) ____-Age _____ Date of Birth _____ Local Address: _____(Street) (City) (State) (Zip) Permanent Address: (City) (Street) (State) (Zip) Referred by Are you registered with *Vocational Rehabilitation Services?* ☐ Yes ☐ No Are you interested in learning about Vocational Rehabilitation Services? ☐ Yes ☐ No Part III. Academic Information Date of Initial Enrollment ____ Classification __ (First Year / Sophomore / Junior / Senior)

☐ Evening

Check your Status: ☐ Residential ☐ Commuter ☐ Online



Request for Accommodations ACCESSIBILITY SERVICES APPLICATION

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| rt III. Disability/Accommodation Information (completed by the student) | | | |
|---|---|--|--|
| 1. | In your own words, please describe your disability or concern and its current or potential impact your education. | | |
| 2. | Please briefly describe the severity and frequency of symptoms related to your disability. | | |
| 3. | List the accommodation(s) you are requesting in the academic setting and/or residential setting (i.e. test-taking accommodations, eBooks, preferential seating, wheelchair accessible housing). | | |
| 4. | Describe how each accommodation listed above will benefit you regarding your disability. | | |
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Part IV. Accommodation History

List accommodations and/or services used in high school or any other college/university you have attended:



| Part V. Emotional Support Animal (ESA) (i | f applicable) |
|--|--|
| ☐ No, I am not requesting an ESA as pa | rt of my accommodations. (If no, skip to Part VI.) |
| | A on campus as part of my accommodations. Further, I understand that I am a Support Animal Accommodation Request form by the given dates before ght on campus. |
| Type of animal: | |
| Age of Animal: | Color(s): |
| Name of Animal: | |
| Breed of dog or cat (if selected): | |
| ☐ I am submitting additional documenta Part VI. Acknowledgement | tion to verify vaccinations and overall health of the animal. (If dog or cat) |
| e e | |
| , , | ad and agree to the conditions outlined in this application for Columbia ad certify that the information provided on these forms is accurate. |
| • | Office of Student Success is not obligated to provide accommodations for receipt of all the required medical documentation. |
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Request for Accommodations

Accessibility Services Application

Authorization to Exchange Confidential Information

| I, | give to the Columbia College Student Success staff, my permission to exchange nation with: (Check all that may apply) |
|----------|---|
| 11110111 | nation with. (Check an that may apply) |
| | □ Parent/Guardian |
| | ☐ Columbia College faculty and staff |
| | ☐ Vocational Rehabilitation representative |
| | ☐ Commission for the Blind and Visually Impaired |
| | ☐ Military Officials |
| | ☐ Personal physician/ diagnostician/other licensed professionals |
| | □ Other |
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| | |
| | |
| | |
| Signa | ure Date |
| | |
| | |
| | (For Office use only) |
| | (1 of office use only) |
| Date l | Documentation Received: |
| More | information Requested: Yes No |
| Date of | of Assessment: Accommodations Granted? \(\square\) Yes \(\square\) No |
| Off. | of Student Suggest Dinastonia Signatura |
| OHICE | of Student Success Director's Signature: |