

Application for Services / Self-Report Form

Broward College students requesting accommodations must self-identify, submit qualifying documentation, and complete this application prior to meeting with the campus coordinator. Completion of this form does not guarantee services. We will contact you for an interview.

Date: _____ Name: _____ Date of Birth: _____

Cell Number: _____ Student ID Number: _____

Home/BC Email: _____

Emergency Contact Name: _____

Relationship: _____ Emergency Contact Cell Number: _____

Did you submit documentation of your disability including a diagnosis? ____ Yes ____ No

Please provide documentation for each disability requiring accommodations.

What is your disability or disabilities?

Based on your disability, which academic accommodations are you requesting, and why?

Classroom Accommodations:

Testing Accommodations:

What is your major/career pathway?

OFFICE USE ONLY

____ Documentation complete ____ Interview appointment date and time: _____

____ Documentation incomplete – Student apprised of what is needed:

____ Student will contact Accessibility Resources for appointment

Email completed application to Christine Hopp: chopp1@broward.edu