

Registration Form

Name: _____ UWID#: _____

Address: _____

Phone: (i.e. 555-555-5555) _____ Cell Provider: _____ (i.e Verizon, AT&T, etc.)

WSU Email: _____ @westfield.ma.edu Date of Birth: _____

Major 1: _____ Major 2: _____

Previous School (college or high school): _____

Status: ☐ Day Student ☐ CGCE Undergrad Student ☐ Graduate Student

Are you involved in or use services from any of the following? Check all that apply.

☐ TRIO

☐ Urban Education

☐ Veteran Services: ☐ on campus ☐ VA

☐ Student Athlete - Athletic Team(s): _____

☐ State Vocational Rehabilitation - Agency: _____

Counselor name: _____

Phone: _____ Email: _____

☐ Other: _____

Do you work?

☐ No ☐ Yes How many hours per week? _____

What is your disability? Check all that apply.

☐ Learning Disability

☐ Deaf/Hard of Hearing

☐ Blind/Low Vision

☐ ADD/ADHD

☐ Autism Spectrum

☐ Mobility Related

☐ Mental Health related

☐ Brain Injury:

Date of last injury: _____

☐ Chronic Illness:

☐ Chronic Pain:

☐ Other: _____

How do you think your disability will affect you at Westfield State?

What accommodations and services have you used in the past?

- ☐ Exam Accommodations
 - ☐ 50% (time and a half) extended time
 - ☐ 100% (double time) extended time
 - ☐ Reduced distraction environment
 - ☐ Reader
 - ☐ Scribe
- ☐ Flexible Attendance (describe):

-
- ☐ Sign Language Interpreter
 - ☐ CART
 - ☐ FM System
 - ☐ Voice Recorder
 - ☐ Note taker
 - ☐ Alternative Format Textbooks (describe):

☐ Other:

Do you need assistance during an emergency evacuation?

- ☐ No
- ☐ Yes (describe):

Signature: _____ Date: _____

****If submitting this form electronically, it must come from your Westfield State email address.****

Please note: **This form is for beginning the registration process only.** Students who want to request reasonable accommodations must meet with the Student Accessibility Services staff, 413-572-5789, sas@westfield.ma.edu **AND** submit a Reasonable Accommodations Request Form.