CAL MARITIME

A Campus of The California State University

Student Disability Resource Office

Laboratory Building 110 *ph: (707)654-1283 *fax: (707)654-1079

Application for Services

Personal Information:

Name:		SSN:
Address:		
Home #: ( )	Cell #: ( )	Email:
Ethnicity:	Gender:	Date of Birth:
U.S. Citizen: [ ] Yes [ ] No	Native Language:	

Enrollment Information:

Type of Student:
- [ ] A. CMA Full Time
- [ ] B. Continuing Education
- [ ] C. Open University

Semester:
- [ ] Fall 20_____
- [ ] Spring 20_____

ELM Score: EPT Score: GWE Score:

Major: _____ Year at CMA: [ ]1st [ ]2nd [ ]3rd [ ]4th [ ]5th

Previous Institutions:

Name (high school or college ONLY):	City and State

Disability Information:

Disability: [ ] Permanent [ ] Temporary

Other Disability: [ ] Permanent [ ] Temporary

What services are you requesting?
- [ ] Test/Course Accommodations
- [ ] Note Taker/Access to Course Notes
- [ ] Alternative Media Text
- [ ] Tutoring
- [ ] Other (please specify): _____

FOR OFFICE USE ONLY: (Date each item)

Counselor Name: Intake Appointment:

Documentation Requested: Documentation Received:

Eligibility/Disability Verified: Testing Recommended:

Request for updated documentation:

Original: file