



A Campus of The California State University  
Student Disability Resource Office  
Laboratory Building 110 \*ph: (707)654-1283 \*fax: (707)654-1159

Application for Services

Applicant Information:

Name:	CMA Student ID #:	
Address:		
Home#:( )	Cell #: ( )	Email:
Ethnicity:	Gender:	Date of Birth:
U.S Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No	Native Language:	

Enrollment Information:

Type of Student: Semester:

A. Open University

ELM Score: \_\_\_\_\_ EPT Score: \_\_\_\_\_

Major: \_\_\_\_\_ Year at CSUM:  1st  2nd  3rd  4th  5<sup>th</sup>

Previous Institutions:

Name (high school or college ONLY): \_\_\_\_\_

City and State: \_\_\_\_\_

Disability Information:

Disability:  Permanent  Temporary

Secondary Disability:  Permanent  Temporary

Requested Services:

Test/Course Accommodations  Tutoring

Access to Course Notes  Other (please specify): \_\_\_\_\_

Alternative Media Text(Requires clinician recommendation, purchase of printed textbook and receipt plus 3 weeks advance notice for each title):

\_\_\_\_\_ (additional information can be given on reverse)

FOR OFFICE USE ONLY: (Date each item)

Counselor Name:

Intake Appointment:

Documentation Requested:

Documentation Received:

Eligibility/Disability Verified:

Testing Recommended:

Request for updated documentation: