

## Personal Identification and Contact Information:

Date: \_\_\_\_\_

Term: \_\_\_\_\_

Name: \_\_\_\_\_

Pronoun Preferred: \_\_\_\_\_

*(e.g. he/him/his/himself)*

University ID #: \_\_\_\_\_

Drexel Email: \_\_\_\_\_

Personal Email: \_\_\_\_\_

## Enrollment Status

Please circle/highlight one of the options below:

Prospective Student

Undergraduate Student

Graduate/Professional Student

Graduate/ DUCOM

Graduate- Thomas R. Kline School of Law

## How would you classify your condition(s) or impairment(s)? Select circle/highlight all that apply:

Brain Injury

Attention Deficit Hyperactivity Disorder

Autism Spectrum Disorder

Psychiatric Impairment

Chronic Health Conditions

Physical/Mobility Impairment

Hearing Impairment

Visual Impairment

Learning Disability

Other (Please specify): \_\_\_\_\_

## Is this condition temporary or permanent? Circle/highlight one:

Permanent

Temporary

## Temporary conditions **ONLY**

Please indicate the expected time required for recovery: \_\_\_\_\_



What are the limitations associated with the previously listed condition(s)? Circle/highlight all that apply:

- |  |                         |
|--|-------------------------|
| Seeing   | Fatigue                 |
| Hearing  | Reading                 |
| Breathing                                      | Thinking/Concentrating  |
| Eating   | Lifting                 |
| Sitting  | Walking/Climbing Stairs |
| Sleeping                                       | Finer Motor Control     |
| Functioning of a Major Body Organ or Operation | Standing                |

Other (Please specify): \_\_\_\_\_

Is this the first time you are requesting accommodations through Disability Resources? Circle/highlight one:

Yes

No

**Accommodations Being Requested**

Please list any accommodation(s) that you are seeking: (If unsure, please put "N/A")

\_\_\_\_\_  
\_\_\_\_\_

*This form can be returned in one of the following ways:*

***Mail:***

Disability Resources  
3141 Chestnut Street, Suite 228  
Philadelphia, PA 19104

***Fax:*** 215.895.1402

***Email/Scan:*** disability@drexel.edu

## Additional Information About the Disability Resources' Registration Process

### What other information is needed when requesting accommodations?

- Medical documentation should be accompanied with every request. Our office will not proceed with processing any request until we have received medical documentation.
- **Registered Students Only:**  
If you are requesting additional accommodations based on the documentation that you have already submitted, please let us know.

### What is medical documentation?

Any medical document that describes the official diagnosis for the student and any other services or care that was provided by a medical professional. Documentation must be typed, dated, signed by the medical professional and submitted to Disability Resources on professional letterhead in English.

To learn more information about our documentation guidelines, please select [here](#) OR visit our website at [drexel.edu/disability-resources/](http://drexel.edu/disability-resources/)

### Who is considered a medical professional?

Documentation must be completed by a medical professional who has expertise in the area of the specific impairment for which accommodations are being sought. A medical professional is person who is certified and/or licensed to provide health care to a person.

Common examples of a medical professional:

- Doctor/Physician
- Chiropractor
- Therapist
- Psychologist
- Social Worker
- Clinical Dietitian

### What is the next step in the registration process once all the requested information has been received?

Your file will be placed under review, which can take 3-5 business days for a permanent condition or 1-3 business days for a temporary condition. After the review is completed, students will receive an email from one of our Accommodation Coordinator with information pertaining to the next steps. **Please be sure to check your Drexel email account frequently because that is our office communicates with students during the registration process.**