

Application for Services

Today's Date: _____

Name: _____ Date of Birth: _____

Social Security Number: - - Student ID: _____

Home E-Mail Address: _____ United E-Mail Address: _____

Cell Phone: _____ Home Phone: _____

Permanent Street Address: _____

Permanent City: _____ State: _____ Zip: _____

Are you or were you a member of the U.S. Armed Forces? YES NO

Are you a dependent or spouse of a member of the Armed Forces? YES NO

Is your disability military service connected? YES NO

Are you a registered with (circle one): BVR BSVI Veterans Affairs Vocational Rehabilitation None

If yes, Counselor's Name: _____

Counselor's Location: City: _____ State: _____

Phone: _____ Counselor's e-mail: _____

Where did you attend high-school?: _____

Did you receive special education services in high-school? YES NO

If yes, please include your most recent IEP/504 Plan and MFE/ETR.

Did you attend/transfer from another college(s) or university(ies)? YES NO

If yes, where?: _____

Did you receive accommodations at the other schools? YES NO

If yes, please attach a letter from the college or university stating the accommodations you received.

Have you applied to United Theological Seminary? YES NO

When do you plan to enter United Theological Seminary?

Fall Semester Spring Semester Year 20 Current Student

Please complete the reverse side of this form.
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If a current student, what semester and year did you start at United Theological Seminary? _____

What is your intended program? _____

Please mark **ALL** that apply: I am requesting accommodations because I am an individual with:

- | | |
|---|---|
| <input type="checkbox"/> Attention Deficit Disorder | <input type="checkbox"/> Other Psychological Impairment |
| <input type="checkbox"/> Deafness | <input type="checkbox"/> Physical/Medical Impairment |
| <input type="checkbox"/> Hard of Hearing | <input type="checkbox"/> Traumatic Brain Injury/Closed Head |
| <input type="checkbox"/> Learning Disability | <input type="checkbox"/> Visual Impairment |

Other: _____

Using your own words, please describe your disability(ies) and how it will affect your ability to function in a seminary environment. (If more space is needed please attached to this application.)

Please list any medications you are taking or therapies you are receiving and how they may affect your educational performance. (If more space is needed please attached to this application.)

If applicable, please list any adaptive/computer technologies you will be using.

Please list the academic accommodations and services you are requesting.

United requires an international trip for all students, unless there is a documented legal or medical reason that the student should be exempted. Do you plan to apply for an exemption? Is there any information you can provide to us relative to your international trip?

I understand I must submit documentation of my disability prior to meeting with the registrar for a pre-service interview. I also understand that the admissions application to United Theological Seminary is a separate process.

Signature _____ Date _____

You will be contacted for a pre-service interview when all of your documentation has been received and reviewed. During this meeting, we will describe services for which you are eligible. The information submitted to the Office of the Registrar is confidential and not put on your academic record.

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