Certificate of Physical Disability

United Theological Seminary offers services that provide equal access to the seminary’s educational opportunities for students with disabilities. Documentation of a disability is necessary to qualify for these services and programs. Applicants are required to provide certification of their disability(ies) from a health or rehabilitation professional.

TO BE COMPLETED BY THE APPLICANT. PLEASE PRINT OR TYPE

APPLICANT:  
ADDRESS:  
PHONE:  

TO BE COMPLETED BY A PHYSICIAN OR REHABILITATION PROFESSIONAL PLEASE PRINT OR TYPE

CERTIFYING PROFESSIONAL:  
TITLE:  
OFFICE/AGENCY:  
OFFICE/AGENCY ADDRESS:  
OFFICE/AGENCY PHONE:  

DISABILITY:  
State the applicant’s primary and any secondary disability(ies)  

ICD CODE:  
Please attach supporting documentation  

PLEASE COMPLETE THE REVERSE SIDE OF THIS FORM Page 1 of 2
If temporary, please indicate the expected duration of the disability (ies).

________________________________________________________________________

List the functional limitations of the diagnosed disability (ies).

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What impact will this applicant’s disability(ies) have on his/her academic performance (i.e. taking notes in class, taking exams, reading regular print, reading comprehension, working in a laboratory, writing, using a keyboard, etc.)?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Signature of Certifying Professional

License #

Date

PLEASE RETURN THIS FORM WITH THE SUPPORTING DOCUMENTATION TO:

United Theological Seminary
Office of the Registrar
4501 Denlinger Road
Dayton, OH 45426

Or FAX to (858) 712.3601

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