## Certificate of Physical Disability

TO BE COMPLETED BY THE APPLICANT. PLEASE PRINT OR TYPE

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.

| 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                                   |
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| 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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## Spirit Led, Renewing the Church!

