



## DIVISION OF STUDENT AFFAIRS

*Center for Students with Disabilities*

### **Enrollment Request Student Instructions**

Thank you for your interest in the Center for Students with Disabilities (CSD).

Students are required to complete an Enrollment Request form and submit documentation from a licensed professional in order to register with the CSD. All documentation must be current. The CSD will advise you of any additional documentation needed to support your request.

All information is strictly confidential and does not become a part of any other university records. Documentation is only to be disclosed with your written permission, or as otherwise required by law.

If due to the nature of your disability(s) you need assistance completing the CSD Enrollment Request process form please contact the CSD via telephone, email or in-person.

#### **Instructions:**

1. Complete the entire *Enrollment Request* form. Typing is preferred. An editable PDF version is available on [our website](#) (Student Affairs > About > Departments > Center for Students with Disabilities). Inadequate information, incomplete answers and/or illegible handwriting will delay the eligibility review process.
2. Request your licensed professional provider to complete the CSD *Disability Information & Verification* form.
3. If you received services in high school please submit:
  - ✓ Psychoeducational evaluation
  - ✓ Most recent complete case study or triennial evaluation report
  - ✓ Most recent 504/IEP plan
4. If you are a college/university transfer student please submit:
  - ✓ Former college/university service plan

#### **Please submit this form via fax, email, mail, or in-person to either campus:**

Center for Students with Disabilities  
DePaul University – Lincoln Park Campus  
2250 North Sheffield Ave.  
Student Center - Suite 370  
Chicago, IL 60657  
773.325.3720 *fax*  
773.325.1677 *phone*  
[csd@depaul.edu](mailto:csd@depaul.edu)

Center for Students with Disabilities  
DePaul University – Loop Campus  
25 East Jackson Blvd.  
Lewis Center - Suite 1420  
Chicago, IL 60611  
312.362.6544 *fax*  
312.362.8002 *phone*  
[csd@depaul.edu](mailto:csd@depaul.edu)

***Thank you***

12/1/2016

**Enrollment Request**  
**(To be completed by student)**

**General Information:**

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

DePaul ID number: \_\_\_\_\_ DOB: \_\_\_\_\_  
*(MM/DD/YYYY)*

Permanent address: \_\_\_\_\_  
Number Street Unit #  
\_\_\_\_\_  
City State Zip

Parent name: \_\_\_\_\_ Email or Phone: \_\_\_\_\_

Parent name: \_\_\_\_\_ Email or Phone: \_\_\_\_\_

**DePaul Housing Information:**

On campus: \_\_\_\_\_  
Residence Hall Room Number

Off campus: \_\_\_\_\_  
Number Street Unit #  
\_\_\_\_\_  
City State Zip

**DePaul Contact Information:**

Cell number: \_\_\_\_\_ Alternative phone number: \_\_\_\_\_

DePaul email address: \_\_\_\_\_  Preferred email

Alternate Email address: \_\_\_\_\_  Preferred email

Preferred Method of Contact:  Cell number  Alternative number  Email

**Enrollment Request**  
**(To be completed by student)**

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

**Academic Information:**

Current student status:     Freshman     Sophomore     Junior     Senior     Graduate Student

Current enrollment status:  Part-time     Full-time     Transfer student

Starting quarter at DePaul:     Fall     Winter     Spring     Summer    Year: \_\_\_\_\_

Expected date of graduation:  Fall     Winter     Spring     Summer    Year: \_\_\_\_\_

Major: \_\_\_\_\_ College/School: \_\_\_\_\_     I am undecided

Are you transferring from another college or university?     Yes     No

If yes, transferring from: \_\_\_\_\_

If you received services from your former college or university please submit your accommodation plan.

**Disability Information:**

Please list your diagnosed disability(s):

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

Please explain how the disability(s) impacts your life functioning and learning:

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

**Enrollment Request  
 (To be completed by student)**

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

Please list the accommodations and/or services that you are requesting and the reason for your request.

<b>Accommodation/Service Request</b>	<b>Reason</b>

**Student Information:**

**I feel comfortable describing the nature of my disability:**

Not at all Comfortable 1	Slightly Uncomfortable 2	Somewhat Comfortable 3	Mostly Comfortable 4	Very Comfortable 5
--------------------------------	--------------------------------	------------------------------	----------------------------	--------------------------

**I feel comfortable explaining how my disability impacts my daily life:**

Not at all Comfortable 1	Slightly Uncomfortable 2	Somewhat Comfortable 3	Mostly Comfortable 4	Very Comfortable 5
--------------------------------	--------------------------------	------------------------------	----------------------------	--------------------------

**I feel comfortable advocating for myself about the accommodations I need to be successful:**

Not at all Comfortable 1	Slightly Uncomfortable 2	Somewhat Comfortable 3	Mostly Comfortable 4	Very Comfortable 5
--------------------------------	--------------------------------	------------------------------	----------------------------	--------------------------

**Enrollment Request**  
**(To be completed by student)**

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

How did you learn about the CSD (check all that apply):

- DePaul website    DePaul orientation    DePaul brochure    DePaul student
- Family member    Physician    Family member    Friend    High school staff member
- Therapist/counselor    Other (specify) \_\_\_\_\_

Why did you decide to attend DePaul University?

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

Is there any additional information that you would like the CSD to know?

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

**I certify that the above information is complete and accurate to the best of my knowledge. I understand that the CSD staff will review my enrollment request when sufficient documentation has been received. I also understand that I will be required to attend an enrollment meeting to finalize my educational plan.**

\_\_\_\_\_  
**Student signature**

\_\_\_\_\_  
**Printed name**

\_\_\_\_\_  
**Date**