



Montana State University- Great Falls

2100 16th Avenue South, Great Falls, MT 59405

Phone: (406)-771-4311 Fax: (406)-771-4342

College of Technology

APPLICATION FOR DISABILITY SERVICES

Please print and fill out this form mail it to Disability Services at the address above or fill out the form and return it as an email attachment to: katherine.meier@msugf.edu.

Name:

Last First M. I.

Address:

Street Address City State Zip

Phone:

Home Cell Work

Email Address:

_____ Date of Birth: _____

Student ID #:

_____ MSUGF Major: _____

Degree Sought:

AA AS AAS Cert SE ND

How did you learn about Disability Services? _____

Are you working with Vocational Rehabilitation?

Yes No

If yes, which agency?

State VR Work Comp VA

Counselor's name: _____

When will disability services need to start?

Fall Year: _____ Spring Year: _____ Summer Year: _____

Disability Information

Check all that apply:

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> Acquired Brain Injury | <input type="checkbox"/> ADD/ADHD | <input type="checkbox"/> Blind | <input type="checkbox"/> Chemical Dependency |
| <input type="checkbox"/> Deaf | <input type="checkbox"/> Deaf/Blind | <input type="checkbox"/> Developmental Disability | <input type="checkbox"/> Hard of Hearing |
| <input type="checkbox"/> Health Impairment | <input type="checkbox"/> Language Impairment | <input type="checkbox"/> Learning Disability | <input type="checkbox"/> Neurologic Disorder |
| <input type="checkbox"/> Orthopedic Impairment | <input type="checkbox"/> Partial Sight | <input type="checkbox"/> Psychiatric Disability | <input type="checkbox"/> Speech Impairment |

Other: _____

Please describe your disability (ies): _____

How does (do) your disability (ies) affect you in school? _____

What types of accommodations might help minimize the impact of your disability on your education? _____

Is there anything else you would like us to know? _____

My signature below indicates that the above information is correct to the best of my knowledge; that I am requesting services through Disability Services; and that I have received information regarding eligibility criteria, the Disability Services confidentiality policy, and procedures for requesting accommodations.

Student Signature: _____

Date: _____

For Office Use Only

Eligibility Approved Provisional Denied By: _____

Entered: _____

Date: _____