

### Application for Services / Self-Report Form

Broward College students requesting accommodations must self-identify, submit qualifying documentation, and complete this application prior to meeting with the campus coordinator. Completion of this form does not guarantee services. We will contact you for an interview.

Date: \_\_\_\_\_ Name: \_\_\_\_\_ D.O.B: \_\_\_\_\_

Cell#: \_\_\_\_\_ Student ID#: \_\_\_\_\_

Home/BC email: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Emergency Contact Cell#: \_\_\_\_\_

Did you submit documentation of your disability including a diagnosis? \_\_\_ Yes \_\_\_ No

Please provide documentation for each disability requiring accommodations.

What is (are) your disability(ies)?

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

Based on your disability, which academic accommodations are you requesting, and why?

Classroom Accommodations:

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

Testing Accommodations:

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

What is your major/career pathway?

\_\_\_\_\_

**OFFICE USE ONLY**

\_\_\_ Documentation complete \_\_\_ Interview appointment date and time: \_\_\_\_\_

\_\_\_ Documentation incomplete – Student apprised of what is needed:

\_\_\_\_\_

\_\_\_ Student will contact Accessibility Resources for appointment

Email completed application to Miriam Peden: [mpeden@broward.edu](mailto:mpeden@broward.edu)