

CONFIDENTIAL

UNIVERSAL ACCESSIBILITY & DISABILITY SERVICES (UADS)

STUDENT REASONABLE ACCOMMODATIONS APPLICATION FORM

Please ensure that your application is completed in full. Failure to submit all requested documentation may result in delays and declines. All applications are valid for ONE academic year and therefore must be renewed annually.

Hand in your application form with all valid documentation (not older than 3 years) needed attached to the Disability Coordinator at UADS Office, South Campus.

PERSONAL INFORMATION						
SURNAME						
NAME						
STUDENT NUMBER						
ID NUMBER OR PASSPORT NUMBER						
SOUTH AFRICAN CITIZEN				INTERNATIONAL STUDENT		
GENDER						
POPULATION GROUP (AS REQUIRED BY DEPARTMENT OF HIGHER EDUCATION & TRAINING)		AFRICAN	COLOURED	INDIAN	WHITE	OTHER
1.1 CONTACT INFORMATION						
RESIDENTIAL ADDRESS						
CELL NUMBER				ALTERNATIVE NUMBER		
EMAIL ADDRESS						
1.2 TYPE OF REGISTRATION						

FULL-TIME	PART-TIME	OCCASIONAL (for non-degree purposes)	STUDY ABROAD EXCHANGE	
1.3 PROGRAMME OF STUDY		e.g. BCom (Financial Planning)-----		
1.4 FACULTY	ARTS	BUSINESS & ECONOMIC SCIENCES		
	ENGINEERING,BUILT ENVIRONMENT AND INFORMATION TECHNOLOGY	EDUCATION		
	HEALTH SCIENCES	LAW		
	SCIENCE			
1.5 CAMPUS	2 ND AVENUE	GEORGE	OCEAN SCIENCES	MISSIONVALE
	NORTH	SOUTH		BIRD STREET
1.6 DISABILITY	BLIND (no functional vision)	PARTIALLY-SIGHTED (functional visions with limitations)		
	HEARING IMPAIRED (None, little or some hearing)	HARD OF HEARING(persons with different degrees of hearing loss)		DEAF (make use of SASL)
	deaf(does not make use of SASL)	PHYSICAL	PSYCHOSOCIAL	
	DEAF-BLIND	NEURODEVELOPMENTAL	CHRONIC	
	MULTIPLE			
1.7 Any concession granted at the previous school?	<input type="checkbox"/> Yes <input type="checkbox"/> No	1.7.1 If Yes, mention which concession granted		

3. INDICATE REASONABLE ACCOMMODATIONS REQUIRED

Reasonable Accommodation	Tick where applicable
1. Extra time	
2. Use of a scribe	
3. Use of personal assistant	
4. Use of computer/laptop	

5. Braille and large print material	
6. Use of equipment	
7. Handwriting Accommodation	
8. Spelling Accommodation	
9. Medication and food intake	
10. Rest breaks	
11. Sign Language Interpretation	

4. INDICATE MODULES REGISTERED FOR:

MODULE	Module code	LECTURER NAME

For office use only

a) Sufficient supporting documents attached	
b) Validity of documents	
c) Any concession granted previously	

DISCLOSURE

I, the applicant, hereby:

- (a) Declare that all information in this document is true and correct.
- (b) Declare that I have read the application process and understand that if I do not adhere to the application process it may have a negative impact on my application.

(c) Grant permission to the UADS to enquire about and verify my medical documents or any other information needed on this application form.

CONFIDENTIALITY

Confidentiality is central to trust between UADS and the student and as a student, you have the right to expect that your personal information will be held in confidence and effectively protected against improper disclosure at all times. No personal information will be disclosed to any other party except the Concession Committee that is responsible to make approval of the application.

Do you give permission that this information can be shared? Yes / No

Signature Date: