

E-Learning Student Profile

Please complete the following fields. When all fields are completed, click the submit button at the end of the form to submit your answers. The contents of this form will be sent to a professional in the DSS office, who will contact you to further discuss your accommodations.

Identifying Information

First Name: _____ Middle Initial: _____ Last Name: _____

Date of Birth (Month/Day/Year): _____

Sex: _____ Male _____ Female

Contact Information

Permanent Address

Street Number and Name: _____

City: _____ State/Province: _____ Zip: _____

Country: _____

Current Address (if different than permanent address)

Street Number and Name: _____

City: _____ State/Province: _____ Zip: _____

Country: _____

Email: _____

Preferred Phone Number: _____ Alternate Phone Number: _____

Academic Information

What best describes the courses in which you are enrolling?

On Campus Only On-line Only Both On Campus and On-line

I enrolled on: _____ Month _____ Day _____ Year

My student status will be: Undergraduate Graduate Non-degree Seeking

The major/program I plan to enroll in is: _____

Disability Information

I am requesting accommodations because I am an individual with the following disability: *Check all that apply. Documentation of each disability indicated is required.*

- Blind/Low Vision/Vision Impaired
- Deaf/ Hard of Hearing
- Mobility Impaired
- Speech Impaired
- Learning
- Psychological
- Attention Deficit/Hyperactivity Disorder
- Acquired Brain Injury
- Other: _____

Please describe your primary disability and how it affects you academically:

Please describe your secondary disabilities and how they affect you academically (if applicable):

Please list all prescribed and non-prescribed medications, including dosages and regimens: (i.e. 1 10mg tab of Lexapro a day)

Did you receive academic accommodations from high school or another college or university? Yes No

If yes, what accommodations did you receive?

Please describe any accommodations you think you need for CUW E-Learning courses:

What adaptive equipment or software, if any, do you use?

Will any of your coursework require you to be present on-campus? If so, please explain:

Please describe any additional concerns you have or would like to discuss with DSS:

Verification and Signature

I understand that this Profile must be submitted prior to receiving accommodations from CUW. Following receipt of this Profile, I will be contacted by DSS to discuss academic accommodations. I understand that information submitted to the DSS office is contained in a confidential file, although information to CUW faculty/staff is made available on a need-to-know basis. I understand that admission to CUW and its various departments is a separate process and must be completed through those offices.

By entering your name in the space provided, you agree that the information entered on this form is accurate and complete to the best of your knowledge.

Signature_____

Student Name (Please use full legal name):_____

Date:_____

If you have problems with this form, please contact Nicole Gahagan at 262-243-4535.