



Gwynedd-Mercy College

Disability Support Services

Disability Support Services Accommodation Application

Please return the completed application to: Daniel Jordan, Disability Support Services Coordinator (2nd floor, The Griffin Complex), Gwynedd-Mercy College, 1325 Sunneytown Pike, P.O. Box 901, Gwynedd Valley, PA 19437-0901.

Date _____

Student Name _____

Date of birth _____

Resident _____ Commuter _____

Permanent Address _____

Campus Address _____

Room Ext: _____

Phone: _____

Cell: _____

GMC email: _____

Email: _____

Program of study/major _____

Class Yr. _____

I am requesting accommodations for:

Academics Only Housing Only Academics and Housing

due to (select all that apply):

Learning Disability AD/HD Psychological Disability
 Neurological Disability Physical Disability

Before application can be reviewed, the entire packet needs to be submitted in full. Packet checklist:

- Application (page 1) _____
- Student section (page 2) _____
- Release of information (page 3) _____
- Healthcare Professional Form (page 4 and 5) _____ *Do Not Fill Out For Learning Disability
- Learning Disability requires psycho-educational evaluation (IEP is supplemental) _____



Gwynedd-Mercy College

Disability Support Services

Student Section

Please provide a brief description of your diagnosis/disability:

List the accommodations you are requesting:

List accommodations used in the past and note how helpful they were:

If you are currently taking medication to help you with your disability, please state what medication you take, dosage, frequency, and how it helps you:

Please provide information about other support services or strategies you utilize that are helpful to you (tutoring services, support groups, etc.):

Please provide any additional information that should consider regarding your request:



Gwynedd-Mercy College

Disability Support Services

Release of Information For Disability Application

In support of my request for reasonable accommodations, I have provided you with documentation of my condition. By signing this Authorization, I (please print name in space provided) _____ authorize you to release this information to those staff and faculty of Gwynedd-Mercy College properly involved in evaluating and responding to my request for accommodation (for example: campus health, resident life, counseling services, etc.).

By signing this Authorization I also give permission for you to discuss my condition and request for accommodation with those professionals who have evaluated or diagnosed the condition for which I am seeking accommodation and those with whom I am currently involved in medical/therapeutic support (for example: primary care physician, specialist physicians, psychiatrist, psychologist/counselor, tutor, etc.).

I understand that this authorization will remain in effect until (please provide end date here)_____ .

Signature of Student

Date

Signature of Disability Support Services Coordinator

Date



Gwynedd-Mercy College

Disability Support Services

Those seeking accommodations for only a Learning Disability do not have to fill out this form.

HEALTH CARE PROFESSIONAL FORM

Student's information

Name: _____

Address: _____

Phone (home): _____ **Phone (cell):** _____

INSTRUCTIONS – This form must be completed by a HEALTH CARE PROFESSIONAL

The above-named student is requesting accommodations at Gwynedd-Mercy College. In order to respond to the student's request, we require that you complete the information below. Please complete this information, attaching additional pages if necessary.

Please note that this form must be completed prior to receipt of accommodations.

Professional's Contact Information (Please Print):	Physician's Stamp:
Name: _____	Address: _____
Telephone #: () _____	_____
Fax #: () _____	_____
License #: _____	_____
Disability type (please check at least one):	
Physical _____ Neurological _____ ADHD _____ Psychological _____	

PRINT CLEARLY (if more space is needed, please use office letterhead)

What is the student's relevant diagnosis/impairment? How long has this student had this diagnosis?

Is the impairment expected to last six months or longer? __ Yes __ NO

Describe the present symptoms, their frequency and severity, and how the disability interferes with one or more major life activities.

What treatment and/or medication(s) is the student undergoing? Please list medications and dosages.

Do you expect these symptoms to continue for the foreseeable future? ____yes ____no
If no, when do you expect the symptoms to abate?

How will the student be able to manage these symptoms in other campus environments (e.g. classrooms, dining hall, library)?

What specific symptoms does the student have that, in your judgment, **prohibit** the student from being able to live safely in a standard on-campus residence hall.

For episodic conditions, how frequent are the episodes, and what is their duration and severity?

What accommodations are reasonable and appropriate (i.e. to maintain general wellness) for a college student?

Are there other effective means that would achieve similar benefits as the requested accommodation?

Is the impact of the condition life threatening if the request is not met? ____ Yes ____ No

____I have attached the documentation with the results of evaluations which led to this diagnosis.

Professional's Signature: _____

Date: _____

Print name: _____

**Please return the completed form to:
Daniel Jordan, MC LPC NCC CCDPD
Coordinator of Disability Support Services (The Griffin Complex),
Gwynedd-Mercy College, 1325 Sumneytown Pike, P.O. Box 901,
Gwynedd Valley, PA 19437-0901.
Fax: 215-641-5598**

For Administration Only			
Health Ctr. Director	_____ approved	_____ not approved	Reason: _____
Disabilities Coordinator	_____ approved	_____ not approved	Reason: _____