NEW STUDENT INTAKE FORM
This form is to be completed by any student who is new to Student Accessibility Services (SAS) and will be used to direct you to an advisor.

STUDENT INFORMATION – PLEASE PRINT

<table>
<thead>
<tr>
<th>U of G ID #</th>
<th>First Name</th>
<th>Last Name</th>
<th>Preferred Name</th>
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Gender
- [ ] Male
- [ ] Female
- [ ] Transgender

Birthdate (month/day/year)

U of G Email:
_________________________@mail.uoguelph.ca

Phone

Alternate Phone

Are you eligible for OSAP?
- [ ] Yes
- [ ] No
- [ ] Unsure

Degree Program
- [ ] B.A.Sc.
- [ ] B.A.
- [ ] B.A.S.
- [ ] B.Comm.
- [ ] B.Comp.
- [ ] B.Eng.
- [ ] B.Sc.
- [ ] DVM
- [ ] Other: __________________________

Are you a co-op student?
- [ ] Yes
- [ ] No

Are you an international or exchange student?
- [ ] Yes
- [ ] No

Are you a Graduate student?
- [ ] Yes
- [ ] No

DISABILITY INFORMATION

Please check (✓) one or more of the following to describe your disability.

- [ ] acquired brain injury
- [ ] hearing
- [ ] mental health
- [ ] specific learning disability
- [ ] attention-deficit/hyperactivity
- [ ] medical (temporary)
- [ ] physical
- [ ] vision
- [ ] autism spectrum disorder
- [ ] medical (permanent)
- [ ] Other (please specify) __________________________

If you have checked more than one disability, please indicate the ONE which has the greatest impact on your learning:
__________________________________________

TUITION RELEASE:

- [ ] I have a permanent/continuing disability and this is reflected in my documentation from a health professional. I would like to be considered for per-credit billing when taking 2.0 credits, and acknowledge that my eligibility will be recorded on my student account, which is maintained by the Registrar. Details available at www.uoguelph.ca/sas/tuition-release

DOCUMENTATION INFORMATION

All requests for accommodations must be supported by the appropriate disability documentation. Please check the appropriate statement below. Details available at www.uoguelph.ca/sas/documentation

My Documentation:

- [ ] has already been forwarded to SAS
- [ ] is attached to this New Student Intake Form
- [ ] will be mailed or faxed to SAS
- [ ] other: ____________________________
CURRENT SEMESTER LEVEL

Please check the appropriate statement below to describe your current semester level. (Choose only one)

□ I WILL BE ENTERING SEMESTER ONE FOR THE FIRST TIME IN THE _____FALL _____WINTER SEMESTER

□ I AM A CURRENT STUDENT AT U of G BUT HAVE NOT CONNECTED WITH SAS UNTIL NOW.

□ I AM IN SEMESTER _________AND AM TAKING __________COURSES

□ I AM A TRANSFER STUDENT

Did someone refer you to the SAS? If yes, who? ______________________________________________

NATURE OF YOUR DISABILITY

Please give a brief description of your disability and how it impacts on your learning or daily living at university.

What are your primary academic concerns related to your disability?

If this is a temporary situation, what is the expected duration? ______________________________

ACCOMMODATION USED IN THE PAST

Were you provided with accommodation in high school or another post-secondary institution □ Yes □ No

If yes, please check those that were helpful to you:

□ Extra time for tests/exams □ Use of a computer for tests/exams

□ Writing tests/exams in a quiet environment □ Note-Taking

□ Use of adaptive technology □ Other (please specify)

• E-text, large print or audio books

• Video Captioning or description

Please submit this completed form to Student Accessibility Services:

• In person at the SAS office located on the third floor of the UC

• Fax to (519) 824-9689

• Email accessibility@uoguelph.ca

Updated August 2016