

Pre-Admission Registration Form

This form is for applicants who would like to receive accommodations for ACCUPLACER Testing ONLY. Requesting accommodations requires at least a **two-week** notice. Less time may not guarantee accommodations for your test date and may require you to reschedule.

Directions: Complete this form, attach all supporting documents, and return to SSS Disability Services.

Today's Date: __/__/__ Semester & Year Applying: Fall 20____ Spring 20____ Summer 20____

Name: _____
First Middle Last

GHC ID Number: _____ Birth Date: _____

Home Phone: _____ Cell Phone: _____

Current Address: _____
Street, Apt. Number City State Zip Code

Email Address: _____

Disability Category (Select all that apply):

- Learning Disability (LD) Psychological Disorder ADHD
 - Autism Spectrum Disorder Acquired Brain Injury (ABI) Sensory Disorder
 - Mobility Disorder Systemic Disorder Communication Disorder
- Other (explain): _____

Accommodations Requested (Select all that apply):

- Extended time on essay Small group setting Screen reading software Speech to text software
- Other (explain): _____

By signing below, I agree to the following:

- It is my responsibility to provide current documentation of my disability, and that failure to provide documentation will result in not receiving accommodations for ACCUPLACER testing. Disability documentation guidelines are available on the University System of Georgia's website, Academic & Student Affairs Handbook, Section 3, [Appendixes D & E](#).
- I hereby authorize the release of information between Disability Support, Testing, and Advising on a need to know basis. This authorization is only in regards to ACCUPLACER testing.
- If accommodations are provided, they are temporary and ONLY for ACCUPLACER testing.
- If admitted to GHC, I will have to return to the Disability Support Office and formally apply for services.

Student Signature: _____ **Date:** _____