



TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER™

Student Services

Disability Services for Students Application for Services

Complete this application for disability services and return it along with the documentation for the disability. Please allow at least *15 University working days* for process of application after all documents have been received by the Office of Student Services. Mail completed applications along with documentation to: Office of Student Services, MS 8310, 3601 4th Street, Lubbock, TX 79430 or you may fax it to (806)743-3027.

Basic Information

Full Name	R#	
Campus/Local Address	City/State	Zip Code
Local Phone	Email	
Permanent Address	City/State	Zip Code
Permanent Phone		

Application Information

ase attach medical/diagnostic report(s), which provide(s) evidence of above disability and its limitations to your mobility and/or academic performance. This report must have been completed within the past three (3) years. Also, provide the name, telephone number and address of a physician/psychologist/audiologist/VR counselor who is familiar with your personal needs.

Name _____ Address _____

City/State/Zip _____ / _____ / _____

Phone# _____ Email _____

Semester Applying For: ☐ Summer I ☐ Summer II ☐ Fall ☐ Spring

Year Applying For: _____

ATTACHMENT A

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HSC OP 77.14

December 2015

Please Specify Your Disability:

- | | |
|---|---|
| <input type="checkbox"/> Attention Deficit Disorder/Attention Deficit Hyperactivity Disorder (ADHD) | |
| <input type="checkbox"/> Traumatic Brain Injury/Closed Head Injury (TBI/CHI) | |
| <input type="checkbox"/> Hearing Impairment | <input type="checkbox"/> Visual Impairment |
| <input type="checkbox"/> Mobility Impairment | <input type="checkbox"/> Psychological Impairment |
| <input type="checkbox"/> Physical Impairment | <input type="checkbox"/> Medical Illness |
| <input type="checkbox"/> Chronic Illness | <input type="checkbox"/> Learning Disability |

1. Please describe your disability and how it has helped or hindered your academic progress and your daily living activities to date:

2. Are you currently seeing a psychiatrist, therapist or counselor related to the disability for which you are seeking accommodation? ☐ Yes ☐ No

If No, would you like to receive information on counseling services? ☐ Yes ☐ No

3. Please list all prescribed and non-prescribed medications related to the disability, and describe the side effects, if any, from taking these medications.

4. Please describe any reasonable classroom accommodations you think you need at Texas Tech University Health Sciences Center.

College Information

Former College(s) attended:			
Current School Applying For:	<input type="checkbox"/> Health Professions	<input type="checkbox"/> Medicine	
	<input type="checkbox"/> Nursing	<input type="checkbox"/> Biomedical Sciences	
	<input type="checkbox"/> Pharmacy		
Anticipated/Current Program:			
Current Campus:	<input type="checkbox"/> Abilene	<input type="checkbox"/> Amarillo	<input type="checkbox"/> Dallas
	<input type="checkbox"/> Lubbock	<input type="checkbox"/> Midland	<input type="checkbox"/> Odessa
			Distance Learner

Emergency Information

Full Name	Relationship	
Address	City/State	Zip Code
Phone	Other Phone	
Other Instructions:		

This application and documentation of my disability must be submitted prior to meeting with disability services for an intake interview. During this meeting we will discuss services for which I am eligible. The information submitted to the Office of Student Services is confidential. I know that the information submitted to the Office of Student Services **WILL NOT** be placed in my academic records. I understand that **admission** to Texas Tech University Health Sciences Center is a separate process and is completed through each school's Office of Admissions.

Signature		Date	
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