



TEXAS TECH UNIVERSITY  
HEALTH SCIENCES CENTER™

Office of Academic Affairs

## Student Disability Services – Application

Today's Date:

### Personal Information

Full Name:

R#:

Campus/Local Address:

Current /Local Phone #:

TTU HSC Email:

Term Requesting Accommodations to Begin:

Currently Applying To:

Graduate School Biomedical Sciences

School of Health Professions

School of Medicine

School of Nursing

School of Pharmacy

Anticipated/Current Program: (be specific)

Current Campus Location:

Abilene

Amarillo

Dallas

Lubbock

Midland

Odessa

Online/Distance Learner

Affiliations:

Texas Workforce Commission

Veterans Affairs

Other:

Former College(s) Attended:

How did you hear about the Student Disability Services office?

Referral

Other:

## Disability Information

Primary Disability:

Attention Deficit Disorder/Attention Deficit Hyperactivity Disorder

Chronic Illness/Medical Condition

Hearing Impairment

Learning Disability

Mobility Impairment

Psychological Condition

Traumatic Brain Injury/Closed Head Injury (TBI/CHI)

Visual Impairment

Other:

Details/Note Secondary Disability:

Is this a request for temporary accommodations?

YES

NO

If you are you in need of assistance by sign language interpreters or real-time captioning services as part of your accommodation request, please describe your need and what service you've used before?

## Additional Questions

1. Please describe your disability and how it has helped or hindered your academic progress and your daily life activities to date.
2. Please describe any reasonable classroom accommodations you have used before, or think you need at Texas Tech University Health Sciences Center.
3. If you have previously used assistive technology, please list what technology was used. Also, explain how this technology helps support your academic progress.
4. Please describe any additional concerns you have or would like to discuss with the Student Disability Services staff.



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Student Signature