

## Welcome to the University of North Georgia!

If you are a new or current student seeking services or accommodations, we look forward to assisting you. Student Disability Services (SDS) serves as a resource and an advocate for Students with Disabilities to ensure an equal access learning environment.

Students interested in applying for accommodations should complete the three steps listed below:

### **Step 1: Review the Intake Packet, complete, and submit.**

Forms in Intake Packet:

- Students with Disabilities Intake Information Form
- Student Responsibilities Statement

### **Step 2: Obtain appropriate and relevant documentation of disability**

- Review the [Disability Documentation Guidelines](#).
- Note that an IEP and/or 504 Plan are not sufficient documentation to establish eligibility, but may be included.
- Documentation that is not current but otherwise meets college guidelines may be eligible for one semester of provisional accommodations while student seeks re-evaluation.

### **Step 3: Schedule an intake appointment with a Disability Services Assistant Director**

- Contact the campus of your choice for more information about scheduling an intake appointment.  
NOTE: The appointment scheduling process may vary by campus.
- Submit all completed forms and copies of the disability documentation to the appropriate campus, at your scheduled appointment time.

Campus Contact Information:

**Thomas McCoy, M.S. – Director – University of North Georgia /Student Disability Services**

**Carolyn Swindle, M.S. – Assistant Director / Gainesville and Cumming Campus**  
**(678)717-3855 Gainesville / (470)239-3137 Cumming**  
**[Student Disability Services - Gainesville/](#) [Student Disability Services - Cumming](#)**

**ShaRonda Cooper M.Ed., Assitant Director/ Oconee Campus**  
**(706)310-6204**  
**[Student Disability Services - Oconee](#)**

**Candis Hill, Ph.D., Assistant Director / Dahlonega Campus (706)867-2782**  
**[Student Disability Services - Dahlonega](#)**

---

**Student Information:**

Last First Middle

Preferred Name Student ID#

Address Date of Birth  
xx/xx/xxxx

Building City State Zip

Home / Cell Phone: Work Phone: UNG E-mail

<b>Gender</b>	<b>Veteran</b>	<b>Department of Rehabilitation</b>	<b>Alternate E-mail address</b>
Male	Yes	Yes	
Female	No	No	

**All e-mail communications are through the University of North Georgia. All faculty, staff and students are expected to check their UNG e-mail on a frequent and consistent basis in order to ensure that they are staying current with all official communications.**

---

**Disability: (Check all that apply)**

Learning Disability	ADD/ ADHD
Deaf / Hard of Hearing	Mobility Impairment
Autism Spectrum Disorder	Visual Impairment
Acquired Brain Injury	Psychological / Psychiatric Disorder
Chronic Health Condition	
Other	

**List all medications?**

**What medical restrictions do you have, if any?**

---

**Please provide name/address/diagnosis/date of diagnosis**

Physician Name

Phone

Address

City

State

Zip

Diagnosis

Date of Diagnosis  
xx/xx/xxxx

---

## **Educational History**

**Have you experienced difficulty in any of the following academic areas? (Check all that apply)**

Reading

Spelling

Math

Taking Test

Study Skills

Reading Rate

Organization

Motivation

Comprehending Concepts

Retaining Information

Completing Assignments on time

Speech

Other

---

**What academic accommodations have you had in the past?**

**Campus you expect to or currently attending:**

Gainesville      Dahlonega      Oconee      Cumming      Blue Ridge

---

**What college / university did you previously attend?**

**What type of student are you? (Please check all that apply)**

FR      SO      JR      SR      GRAD      Transient  
Transfer      Transition

**Anticipated Enrollment Date?**      Year

Fall      Spring      Summer

**What is your major?**

---

**Please give name and address of the required person(s)**

Medical / Physician Last Name

Medical / Physician First Name

Street Address

Building / Apt #

City

State

Zip Code

Phone

Fax

Physician E-Mail Address

---

Psychologist Last Name

Psychologist First Name

Street Address

Building / Apt#

City

State

Zip Code

Phone

Fax

Psychologist E-Mail Address

---

Psychiatrist Last Name

Psychiatrist First Name

Street Address

Building / Apt#

City

State

Zip Code

Phone

Fax

Psychiatrist E-Mail Address

---

Vocational Rehabilitation Counselor Last Name

Vocational Rehabilitation Counselor First Name

Vocational Rehabilitation Counselor Office Location

Vocational Rehabilitation Counselor Phone

---

Parent / Guardian Last Name

Parent / Guardian First Name

Street Address

Building / Apt #

City

State

Zip Code

Phone

Cell Phone

Parent / Guardian E-mail

Parent / Guardian Last Name

Parent / Guardian First Name

Street Address

Building / Apt #

City

State

Zip Code

Phone

Cell Phone

Parent / Guardian E-mail

Other Last Name

Other First Name

Street Address

Building / Apt #

City

State

Zip Code

Phone

Fax

Other E-mail Address

## Student Responsibilities

Students with Disabilities have the same responsibility as other students to:

Meet and maintain the university academic standards.

Abide by university rules and regulations, the Student Code of Conduct and Student Disability Services policies and procedures. These are not mitigated by medical conditions or disability.

A student with a disability has the responsibility to follow published procedures for accessing auxiliary aids and services to include:

Self-disclosing his or her disability and communicate with the Disability Services representative about the functional limitations resulting from the disability.

Providing documentation of his or her disability by the appropriate health care professional that meets the Board of Regents criteria. The documentation must logically support the requested accommodations.

Contacting the Student Disability Services representative immediately when changes occur, when they experience problems, or when their accommodations are interrupted for any reason.

Students with disabilities are expected to take personal responsibility for their education at the university, such as:

Obtaining assistance from other student services, such as academic advising, library, and counseling center.

Communication regularly with instructors and following each syllabus.

Personally delivering accommodation letters to course instructors each semester.

Staying informed about issues relevant to their education and their accommodations and services by checking their university assigned e-mail accounts for important information.

---

**By submitting this form I have agreed that I have reviewed the Student Responsibility statement from the office of Disability Services and agree to adhere to its contents. During my enrollment at UNG, I will use this document as a reference to assist me in understanding my responsibilities as a student with a disability at the University of North Georgia. If the Student Disability Services makes amendments to the Student Responsibility statement, I understand that the SDS office will make reasonable efforts to inform me of these changes. If I am unclear about any existing policy, I understand that it is my responsibility to direct my questions to Student Disability Services.**

---

Student Last Name

Student First Name

Student UNG ID#

Today's Date

If you encounter issues accessing the content on this web page, or require the content in another format, call Student Disability Services at 678-717-3855 or e-mail [Student Disability Services](#)