University of Louisiana at Lafayette
Student Support Services – Disabilities Program Application

<u>NOTE TO STUDENT</u>: The information you provide will be held in strict confidence.
Please complete the entire application accurately.

1. NAME _____ CLID: _____
           (last)   (first)   (mi)

2. ADDRESS: _____ SS#_____
           (street address)   (city, state, zip)

3. AGE: _____   GENDER: ☐ **Male**   STATUS: ☐ **Single**   PHONE: _____
                         ☐ **Female**   ☐ **Married**   CELL PHONE: _____

4. Type of Disability (**check all that apply**):   ☐ Physical   ☐ Emotional   ☐ Learning   ☐ ADD/ADHD   ☐ Asperger's

5. Ethnicity: ☐ Hispanic/Latino or   ☐ Non-Hispanic/Latino

6. Race (**check all that apply**):   ☐ American Indian or Alaska Native   ☐ Asian   ☐ Black or African American
                                 ☐ Native Hawaiian or Other Pacific Islander   ☐ White

7. Are you registered and receiving   🙂🇺🇸 U. S. CITIZEN? ☐ **Yes** ☐ **No**   🙂🇺🇸 U. S. VETERAN? ☐ **Yes** ☐ **No**
   accommodations with UL-Lafayette's
   Office of Disability Services? ☐ **Yes** ☐ **No**

8. I would like assistance and information in the following areas listed below (**check all that apply**):

☐ Disability Issues	☐ Personal Counseling
☐ Financial Aid: grants, loans, scholarships	☐ Improving Study Skills
☐ Tutoring	☐ University Policies and Procedures
☐ Academic Counseling	☐ Getting a Job: on-campus, summer, etc.
☐ Health Problems	☐ Transfer or Graduate School Assistance
☐ Choosing a Major/Career Counseling	☐ Other _____

7**. Family background information – It is necessary that you answer ALL questions below (if unknown, write unknown).**

Family Background	MOTHER		FATHER	
What is your parent's name?				
Did your parents attend college?	☐ **Yes**	☐ **No**	☐ **Yes**	☐ **No**
Did your parents receive a bachelor's degree? (bachelor degree=4yr college degree)	☐ **Yes**	☐ **No**	☐ **Yes**	☐ **No**

9. High School Attended: _____ HS GPA: _____ Year Graduated: _____ or GED Year: _____

10. While attending middle/high school, I participated in: <u>TALENT SEARCH</u>: ☐ **Yes** ☐ **No**   <u>UPWARD BOUND</u>: ☐ **Yes** ☐ **No**

11. ACT Composite Score: _____   SAT Composite Score: _____

12. First semester and year enrolled at UL: ☐ **FALL**   ☐ **SPRING**   ☐ **SUMMER**   📅 YEAR: _____

13. College Major: _____ Current Enrollment: ☐ **Full-time**   ☐ **Part-time**   ☐ **Attempting 2nd Degree**

14. Classification: ☐ **FRESH (1-29hrs)**   ☐ **SOPH (30-60hrs)**   ☐ **JR (60-90)**   ☐ **SR (90hrs or more)**   ☐ **Graduate Student**

15. Current College GPA: _____   16. I am committed to graduating with a degree: ☐ **Yes** ☐ **No**

I declare that the information reported on this application to the best of my knowledge and belief is true, correct, and complete.

Signature (required): _____ **Date:** _____/_____/_____ rev 1/15