

**New Jersey City University
Office of Specialized Services and Supplemental Instruction
REGISTRATION FORM**

Please return form to: Jennifer Aitken (jaitken@njcu.edu) or Jazmin Zegarra (jzegarra@njcu.edu)

Karnoutsos Hall, Room 102

Phone: 201-200-2091 or 201-200-2557 - <http://web.njcu.edu/programs/oss>

Please also complete an accommodation request form if you wish to request accommodations for the current semester.

Please attach appropriate and recent documentation of your disability. Students with learning disabilities are required to submit the most recent Individualized Education Plan (IEP), Educational Evaluation and Psychological Evaluation. All disability documentation should include the following: the credentials of the evaluator(s), diagnostic statement identifying the disability, description of the diagnostic methodology used, description of the current functional limitations, description of the expected progression or stability of the disability, current and/or past accommodations, services and/or medications, and recommendations for accommodations, adaptive devices, assistive services, compensatory strategies, and/or collateral support services.

Name: _____ **Gothic ID#:** _____

SSN#: _____ **DOB:** _____

Address: _____ **Email Address:** _____

City: _____ **State:** _____ **Zip Code:** _____

Home Phone: _____ **Cell Phone:** _____

NJCU Advisor: _____ **Major:** _____

OSP Counselor (if applicable): _____ **TLC Counselor (if applicable):** _____

If you are a client of DVR or the Commission for the Blind or the LEARN Program please provide your counselor's name and contact information:

What is the nature of your disability? (Check all that apply):

- | | |
|---|--|
| <input type="checkbox"/> Learning Disability | <input type="checkbox"/> Mobility Impairment |
| <input type="checkbox"/> Hearing Impairment | <input type="checkbox"/> Visual Impairment |
| <input type="checkbox"/> Asperger Syndrome/Autism | <input type="checkbox"/> Psychological/Psychiatric Disability |
| <input type="checkbox"/> ADD/ADHD | <input type="checkbox"/> Medical Diagnosis (please specify): _____ |
| <input type="checkbox"/> Other (Please describe): _____ | |

What type(s) of accommodation(s) did you receive in high school or previous undergraduate institutions you have attended?

Will you require Accommodations for the Placement Exam? Please list accommodations below.

Signature: _____ **Today's Date:** _____