



MILES COLLEGE

Counseling, Advising and Testing Center – Student Accommodations Services

Main office: 205.929.1824

Fax: 205.929.1809

Email: catcenter@miles.edu

REGISTRATION FORM

Date: \_\_\_\_\_

M-Number: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email Address: \_\_\_\_\_

Semester to begin accommodations: \_\_\_FALL \_\_\_SPRING \_\_\_SUMMER Year \_\_\_\_\_

Classification: \_\_\_ Freshman \_\_\_ Sophomore \_\_\_ Junior \_\_\_ Senior

Classification of Disability (check all that apply)

<input type="checkbox"/>	Mobility/Physical Impairments	<input type="checkbox"/>	Cognitive/Learning
<input type="checkbox"/>	Spinal Cord	<input type="checkbox"/>	Psychological
<input type="checkbox"/>	Head/Brain Injury	<input type="checkbox"/>	Medical Condition
<input type="checkbox"/>	Hearing	<input type="checkbox"/>	Vision

I have had someone explain the nature of my disability. \_\_\_Yes \_\_\_No Voc. Rehab sponsored: \_\_\_Yes \_\_\_No

Counselor's Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Previous School Services/Accommodations:

<input type="checkbox"/>	Tutor	<input type="checkbox"/>	Distraction-Free Test Environment
<input type="checkbox"/>	Note-Taker	<input type="checkbox"/>	Reader/Test Reader
<input type="checkbox"/>	Extended Time	<input type="checkbox"/>	Scribe
<input type="checkbox"/>	Recorded Lectures	<input type="checkbox"/>	Alternate Test Format
<input type="checkbox"/>	Other: (please list)		

Do you have special needs regarding campus housing? \_\_\_Yes \_\_\_No

If yes, please check one of the following: \_\_\_ Accessible Room \_\_\_ Specific Modifications (Describe)

\_\_\_\_\_  
\_\_\_\_\_

Are you currently or have you ever received individual therapy/counseling? \_\_\_ Yes \_\_\_ No

Name of Therapist: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Current Medications: \_\_\_\_\_