



Accessibility Resource Center (ARC)
Support Services Application

To be completed by student in his/her own words:

Choose One: Miss Mrs. Mr. Ms.

Student Name: Student ID#:

Local Address: Birth Date:

City, State, Zip: Preferred Phone:

Email: Other Phone:

Class: Freshman Sophomore Junior Senior Transfer Other:

Major (If known; if not, may indicate undecided): Minor:

Are you receiving financial aid? Y N If yes, type of aid:

Do you work while taking classes? Y N If yes, hours worked per week:

Who (if anyone) suggested you contact ARC? (professor, parent, Cabrini staff,

other) Need for alternative communication: Y N If yes, please specify:

What is your diagnosis, condition, or impairment?

How does/will your condition(s), treatment, or medication impact your functioning as a college student?

Please describe the accommodation(s) you are requesting and/or the reason for coming to the ARC Office:

What strategies, interventions, or accommodations have been helpful in the past?

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Please describe your most recent use of these accommodations and for which types of classes/tests:

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As the ARC considers your request for disability accommodations, it may be helpful for us to review existing documentation. Please indicate which (if any) of the following apply to your situation.

I had an IEP (Individualized Education Program) in high school.

I had a 504 Plan in high school.

I had an IEP or 504 plan before high school.

I have not had an IEP or 504 plan but I have received informal accommodations.

I received accommodations at another college.

Please provide a copy of previous college's accommodation letter

I have been given a diagnosis \_\_\_\_\_

Date when diagnosis was first made: \_\_\_\_\_

Diagnosis made by: \_\_\_\_\_

I received psychological, educational, neurological, or other evaluation related to my condition.

Date of most recent evaluation(s): \_\_\_\_\_

Name of evaluator(s): \_\_\_\_\_

If no evaluation exists, I have scheduled a new evaluation(s):

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

Name of evaluator(s): \_\_\_\_\_

I am **currently** seeing a professional regarding my condition.

If yes, please indicate name, address, and type of professional(s).

\_\_\_\_\_

In the past, I saw a professional regarding my condition.

If yes, please indicate name, address, type of professional(s), and year of contact.

\_\_\_\_\_

Have you submitted supporting documentation? Y    N    Date submitted: \_\_\_\_\_

**Please indicate the level of learning support that best meets your needs. See ARC services flyer for more information.**

**Check only one:**

ARC Services included with tuition

**OR**

Access Plus Program (A+), \$800 per semester    Fall                      Spring

Please sign: \_\_\_\_\_

Name

Date

Parent/Guardian Name(s)

Email

Please send completed application AND copies of documentation to the ARC prior to intake appointment:

**Email:** ARC@cabrini.edu

**Fax:** 610-902-8441

**Mail:** Cabrini University

ATTN: Accessibility Resource Center  
610 King of Prussia Road Radnor, PA  
19087