

Accessibility Resource Center  
**Accepted Student ARC  
Application**

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

Name: \_\_\_\_\_ Student ID #: \_\_\_\_\_

Home Address: \_\_\_\_\_ Birth date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Student's Cell Phone: \_\_\_\_\_ Parent Phone: \_\_\_\_\_

Student Cabrini Email: \_\_\_\_\_

Class:  First Year  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 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, and 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: Check one**

- **See ARC services flyer for more information.**

ARC Services included with tuition (guaranteed for students who qualify for ARC services)

**OR**

Access Plus Program (limited space available) \$1200 per semester  Fall  Spring

Student Signature:

\_\_\_\_\_

Name

\_\_\_\_\_

ATTN: Accessibility  
Resource Center

Please submit completed application and copies of documentation to the ARC via:

Email: ARC@cabrini.edu  
Fax: 610.902.8441

Mail: Cabrini University  
610 King of Prussia Road  
Radnor, PA 19087

Date