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Connect with ARS

Self Identification Form and Documentation Upload - please note that the accommodation determination process may take up to 14 days from the receipt of all necessary documentation and students seeking to connect with ARS in respect of accommodations should plan accordingly.

If you have any questions or concerns about the Registration process please refer to our [policies](#) [1] or [contact us](#) [2].

- **This form is for use by program applicants, incoming or current students who have a diagnosed and documented disability and who wish to request accommodations.**
- **Accommodations cannot be provided retroactively.**
- In order for ARS to consider requests for reasonable accommodations including academic, housing and dining accommodations, students must submit the documentation discussed, within the applicable section of the Policy, to ARS **at least 14 calendar days prior** to the start of the course or the event or time for which the student is seeking accommodations. Please note, returning students with agreed accommodations do not need to submit a Self-ID form for accommodations for any subsequent semesters but must issue notifications to their instructors.
- Similarly, applicants needing accommodations for a selection process or event for admission to an academic program at the University must submit the documentation discussed within this section of the Policy to ARS **at least 14 calendar days prior** to the need for accommodations.
- Under certain circumstances ARS may be able to identify **provisional accommodations** pending receipt of further supportive documentation; upon receipt of appropriate

documentation ARS will make a final determination.

- Students seeking accommodations in relation to an **assistantship or paid position** are advised that such a determination is made by the Equal Opportunities and Compliance Office [3].

Relevant Policy Documents

<https://ars.unc.edu/about-ars/policies> [1]

Documentation Upload

Documentation Upload

* Please note - verifiable documentation (on a letter head with contact information) from an appropriate third-party (i.e. a treating medical provider or evaluator and including any professional and/or state registration or licensing credentials) should be submitted to support the accommodation(s) request. Click 'Choose file', browse to the documentation file you wish to attach, select it AND then click 'Upload'. You are welcome to submit additional documentation if it adds to the Accommodations and Modifications Committee's understanding of your accommodation needs. The submission of this Self-ID form without documentation or without a thorough response to all parts of this form will slow down the accommodation determination process, unless you are already registered with ARS and are requesting the Accommodations and Modifications Committee to consider additional or alternative accommodations.

Additional documentation upload 2

Additional documentation upload 3

Chose

Chose

Chose

First Name *

Last Name *

Date of Birth *

Preferred Gender Pronouns *

?
he, him, his

?
she, her, hers

?
they, them, theirs

?
other

PID *

ONYEN * _____

Email - if you have one please provide your UNC email address * _____

Student Landline Phone No - if applicable/available _____

Student Cell Phone No * _____

May we contact you by text about your Registration request? For example, concerning an appointment? *

?

Yes

?

No

?

Other

Intended area or program of study *

Education Classification *

?

Undergraduate

?

Graduate/Professional

?

Continuing Studies

?

Distance Education

Year in School *

?

Applicant for a program - accommodations are requested for the application/admissions process

?

Incoming Student - not yet started

?

Current first year of program

?

Current second year of program

?

Current third year of program

?

Current fourth year of program

?

Current fifth year of program

?

Please specify _____

Year of enrolment / program start * _____

Anticipated year of graduation / program completion * _____

Do you belong to any of the following groups / populations? *

?

None

?

Carolina Honors

?

Visiting Summer Student

?

C-STEP

?

Summer Bridge

?

Athlete

?

Veteran

?

International Exchange Student/Study Abroad Student

?

Robertson / Morehead-Cain Scholar

?

Transfer Student

?

Other

Your diagnosed disability/medical condition? *

?

Attention Deficit Hyperactivity Disorder

?

Chronic Medical Condition

?

Hearing Impairment

?

Learning Disability

?

Physical/Mobility Impairment

?

Psychological/Psychiatric

?

Visual Impairment

?

More information or other disability/medical condition not listed above

Type of Disability

?

Temporary

?

Permanent

What type of accommodations requested? *

?

Academic accommodations

?

Clinical / work placement accommodations

?

Residence Hall accommodations - please note, you must also complete a Housing Request - <https://housing.unc.edu> and adhere to their deadlines. Requests for housing accommodations received after the applicable deadline(s) will be considered in so far as it is possible but our

capacity to grant reasonable accommodations will be severely impacted by availability

?

Dietary / Dining Hall accommodations

?

Other

Have you used accommodations, including resources and services in the past? If 'yes' please give as much information as possible. Please include detailed information about accommodations used on any standardized tests e.g. SAT/ACT/GRE etc. *

Impact Statement *

Please use this box to tell us how the diagnosed disability / medical condition described is impacting you or will impact you at UNC - CH and how the accommodation(s) requested will address these impact; please be as detailed and specific as possible. Please consider skills such as reading, writing, paying attention, mathematics, etc., describe (be specific) the current (or recent) impact of your disability / medical condition in both of the following areas:
a. In Class - lectures, labs, test-taking, presentations, group-work, fieldwork etc. b. Out of Class - private study, time management, homework, daily living and accommodation / residence needs, getting around etc.

Accommodations / Resources / Services requested *

Semester for which accommodations are being requested / or to start *

?

Summer School Session II 2018

?

Fall 2018

?

Spring 2019

?

Summer School Session I 2019

?

Summer School Session II 2019

?

Fall 2019

?

Other

Undertaking

By submitting this form, I acknowledge that: (1) only I, the student or applicant, have filled out this form; (2) this application will not be processed until pertinent documentation of disability has also been provided; (3) the Accommodations and Modifications Committee will consider the accommodations as requested on this form; (4) I authorize the Accommodations and Modifications Committee and individuals providing information in my disability-related documentation to consult as part of the review process; (5) accommodations, if rendered, may not be the same as those I received in high school or at another institution, and will not apply retroactively; (6) the accommodation determination process will take up to 14 days; (7) deadlines are applicable after which accommodation requests in relation to Final examinations cannot be processed.

Today's Date *

Month

Day

Year

Submit Self-ID
Form

Source URL: <https://ars.unc.edu/students/new-applicants/connect-ars>

Links

[1] <https://ars.unc.edu/about-ars/policies>

[2] <https://ars.unc.edu/about-ars/contact-us>

[3] <http://eoc.unc.edu/>