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 incoming or current students who have a diagnosed and documented disability.

- 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

**Student and Applicant Accommodations** [4]

**Accommodation Appeals** [5]

Please note, this form is to be completed by the applicant or student who is seeking accommodations.

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**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**

**First Name** *

**Last Name** *

**Date of Birth** *

**Month**  **Day**  **Year**

**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 __________________________
Program of Study *

Year in School *
?
Applicant for a program - accommodations are requested for the admissions process?
Incoming Freshman - accommodations are requested for Placement Exams and / or Undergraduate program?
Freshman
?
Sophomore
?
Junior
?
Senior
?
Graduate/Professional Program Student __________________________
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

Education Classification *

Undergraduate

Graduate/Professional

Continuing Studies

Distance Education

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
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/register-ars

Links
[1] https://ars.unc.edu/about-ars/policies
[2] https://ars.unc.edu/about-ars/contact-us