

UOIT Consideration on the Basis of Disability Form

First Name: _____ Last Name: _____

Date of Birth (DD/MM/YY): _____ UOIT Student ID #: _____

Primary Phone #: _____

E-mail Address: _____

Program(s): _____

Disability: _____

On a separate page (typed), please provide the following information. Each response should not exceed 500 words.

1. Describe how your disability has impacted your ability to meet academic requirements and/or expectations, in a previous secondary or post-secondary program.
2. Provide details of accommodations that you have received and used in the past (i.e. software, technology, extended time, use of the Test Centre etc.)
3. Describe why you believe you require special consideration in the admissions process. Be sure to include why you believe there are extenuating circumstances related to your disability.
4. Describe your academic and career goals.