

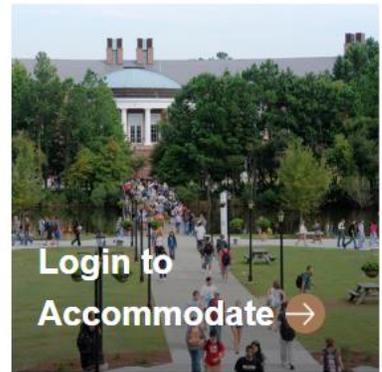
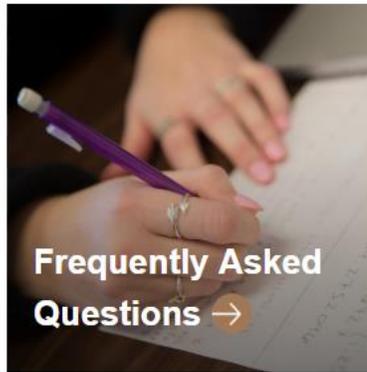
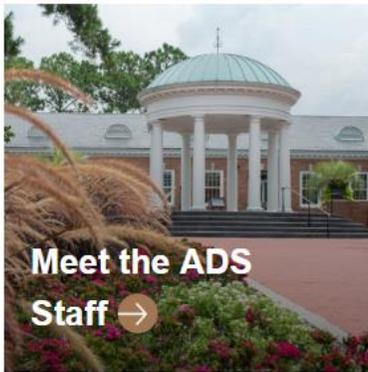
# How do I Register for Services with the Office of Accessibility and Disability Services?

Should you have any questions, comments, or need clarification on any of the necessary steps,

1. Go to the website of [Coastal Carolina's Accessibility and Disability Services](#)
2. Click on the 'Click here to register with ADS through Accommodate' hyperlink on the bottom of the page.

Questions regarding the process may be directed to Accessibility and Disability Services at 843-349-2503.

## For More Information:



[Click here to register with ADS through Accommodate](#)



**Accessibility and Disability Services, Coastal Carolina University**

Kearns Hall 106 - P.O. Box 261954 - Conway, SC 29528-6054

843-349-5042 (fax) **843-349-2503**

[disability@coastal.edu](mailto:disability@coastal.edu)

3. Fill out all of the information on screens shown below:

# Public Accommodation Request

Submit ▶

\* indicates a required field

## Student Information

Please enter your information

**First Name\*:**

**Last Name\*:**

**Middle Name:**

**Preferred Name\*:**

**Student Identification Number\*:** CCUID

**Email\*:** Please use your Coastal Carolina University issued email address

**Cell Phone Number\*:**

**Gender Pronouns:**

- He, Him, His
- She, Her, Hers
- They, Them, Theirs

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

- Honors Program
- Visiting Summer Student
- Coastal Excellence and Leadership
- Bridge Program
- Athlete
- Veteran
- International Exchange Student/Study Abroad Student
- Transfer Student
- Other

**Education Classification:**

- Undergraduate
- Graduate/Professional
- Continuing Studies

- 
- International Exchange Student/Study Abroad Student
  - Transfer Student
  - Other

- Education Classification:**
- Undergraduate
  - Graduate/Professional
  - Continuing Studies
  - Distance Education

### Specific Accommodation Information

**Your diagnosed disability/medical condition\*:**

- Type of Disability:**
- Temporary
  - Permanent

**How does your disability affect you academically?\***

**How does your disability affect student life in general, like taking tests and studying?\***

- What type of accommodations requested?\***
- Academic Accommodations
  - Field Work Accommodations
  - University Housing Accommodations
  - Dietary/Dining Accommodations

**Is your Housing**  Yes  no

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**Is your Housing Accommodation Request for a Support Animal?:**  Yes  no

**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.

**Accommodations / Resources / Services requested\*:**

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) Accessibility and Disability Services will consider the accommodations as requested on this form; (4) I authorize Accessibility and Disability Services 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 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) I, the student or applicant, have read and agreed to the Student Rights and Responsibilities.

I agree that I have read and understand the above statement

**Accessibility and Disability Services Rights and Responsibilities:**

[Link to rights and responsibilities](#)

**Accessibility and Disability Services Rights and Responsibilities agreement\*:**

I have read and understand the Accessibility and Disability Services Rights and Responsibilities

**ADS Documentation Guidelines and Registration Process :**

Coastal Carolina University, through Accessibility and Disability Services (ADS), provides services to students with diagnosed medical/physical disabilities in accordance with the Americans with Disabilities Act (ADA) of 1990, ADA Amendments Act 2008, and Section 504 of the Rehabilitation Act of 1973. To determine eligibility for services, this office requests current and comprehensive documentation of the disability or medical condition from the diagnosing physician or other appropriate professional.

1. Complete the Accessibility and Disability Services Self-Identification Form. By submission of this form you are also agreeing that you have read and understand the Rights and Responsibilities.
2. Submit documentation from a medical provider, or other qualified professional, regarding your disability or medical condition. The following information must be documented on the provider's letterhead and must include the following:
  - a. Diagnostic statement identifying the condition or disability.
  - b. Date of the most current contact and date of the original diagnosis.
  - c. Description of the diagnostic tests, methods and/or criteria used to diagnose the condition or disability.
  - d. Description of the current symptoms and the substantial functional impact of the condition or disability on a major life activity (i.e. how does this condition affect the student's learning, mobility, communicating, thinking, etc.).
  - e. Treatments, medications, and/or assistive devices/services currently prescribed or in use, as well as any significant side effects of treatments or medications.
  - f. Description of the expected progression or stability of the impact of the condition or disability over time, particularly, the next 5 years.
  - g. Whether the condition or disability described is permanent, long-term (6-12 months), or short-term/temporary (6 months or less).
  - h. Recommendations for accommodations, (e.g. extended time for exams, preferred seating, etc.).
  - i. Name of provider/assessor, credentials/title and signature
3. Gather historical disability documentation, such as an Individual Education Plan (IEP), 504 Plan or accommodation letters from prior institutions of higher education.
4. Submit all of the above to Accessibility and Disability Services via encrypted email, mail, fax or in-person. Symplicity Note – ADS is hopeful that all of this information will be submitted via Symplicity when the student registers.
5. Contact Accessibility and Disability Services to schedule an initial accommodation set-up appointment.

**Upload supporting document(s):**

Ex. IEP, 504 Plan, Psycho-educational Evaluation

**Please prove you are not a robot:**

I'm not a robot

  
reCAPTCHA  
Privacy - Terms

4. Click 'Submit' when finished (NOTE: If documentation is not easily accessible, **please complete this registration form and submit documentation at a later date.** Documentation can be mailed, emailed, faxed, and hand-delivered to ADS. Please visit the ADS website for contact information. (Ex. IEP, 504 Plan, Psychoeducational Evaluation, Medical Diagnosis))
5. Continue on to Step B to learn how to login to [Accommodate](#)