

APPENDIX A
Application for Disability Support Services

DATE SUBMITTED TO DSS OFFICE: _____

Name: _____ Student ID #: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Primary Phone: (____) _____ Alternate Phone: (____) _____

Student email address*: _____

Program of Study: _____

Explain your disability and how it impacts your level of functioning in the academic classroom:

What accommodations are you requesting**? _____

DSS Staff will communicate with you predominately through your student e-mail, so please be in the practice of checking it often.

** A history of accommodations in itself does not warrant the provision of similar accommodations at Wallace Community College.**

*****Please review pages 11-13 of the *DSS Handbook* for disability documentation from your medical professional that must be submitted with this application.**

****Once you make application for services and provide the appropriate documentation, the DSS Coordinator will review your paperwork with you and inform you of the accommodations you may receive.****