OFFICE USE ONLY	Date Received:	Appointment Date/Time:

University of Guelph-Ridgetown Campus NEW STUDENT Intake Form

This form is to be completed by any student who is **new** to Student Accessibility Services (SAS). Please return this form to the contact below:

Student Accessibility Services (SAS), University of Guelph Ridgetown Campus, 120 Main Street E., Ridgetown ON N0P 2C0

Phone: 519-674-1500 Ext 63206 Fax: 519-674-1515 Email: rcsas@uoguelph.ca

Please Print	
First Name	Last Name
U of G Email @uoguelph.ca	U of G ID #
Phone Number	Alternate Phone Number
Gender	Birth Date (mm/dd/yyyy)
Male Female Transgender	

Program:
🗌 Agriculture 🔲 Environmental Management 🔲 Horticulture 🗌 Vet. Office Administration
Veterinary Technology CPHH Veterinary Technology (Alternative) Equine Diploma
Are you eligible for OSAP?

Disability Information

Specific Learning Disability	Vision	Medical (Permanent)	Mental Health
Attention-Deficit/Hyperactivity Disord	er	Medical (Temporary)	
Autism Spectrum Disorder	Physical	Acquired Brain Injury	
Other (Please specify)			

(Please check one or more of the following to describe your disability.

If you checked more than one disability, please indicate the ONE which has the greatest impact on your learning: _____

Documentation Information

All requests for accommodations must be supported by appropriate disability documentation. Details are available at https://wellness.uoguelph.ca/accessibility/how-we-do-it/documentation-guidelines Please check the appropriate statement below regarding your documentation:

Has already been forwarded to Ridgetown's SAS	☐ Is attached to this New Student Intake Form
□Will be mailed/faxed to Ridgetown's SAS	Other

Tuition Release—Part Time Studies

I am registered in a diploma program--I have a permanent disability and this is reflected in my documentation from a health professional. I would like to be considered for per-credit billing when taking 2.0 credits (4 courses/semester), and acknowledge that my eligibility will be recorded on my student record, which is maintained by the Registrar's Office. Details available at

I am registered in a certificate program—I have a permanent disability and this is reflected in my documentation from a health professional. I would like to be considered for per-credit billing. Please contact the SAS office directly for more information

Current Semester Level

Please check the appropriate statement below to describe your current semester level. (Choose only one)

I will be entering semester one for the first time in the _____ FALL Semester_____ Winter Semester

I am currently in semester one or beyond, but have not connected with SAS until now. I am in semester _____and taking ______courses.

Nature of your Disability

Please give a brief description of your disability and how it impacts your learning or daily living at university.

What are your primary academic concerns related to your disability?

If this is a temporary situation, what is the expected duration?

Accommodations Used in the Past

Were you provided with accommodations in high school or another post-secondary institution?

🗌 Yes		No
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If yes, please check those that were most helpful to you:

Extra time for tests/exams Use of computer for tests/exams

Writing tests/exams in a quiet environment Note Taker

Use of adaptive technology;	text to voice software; [voice to text software;	e-texts; large	print; 🗌 audio
books 🗌 video captioning or de	escription			

Other (please specify)

All documentation and forms must be submitted to Student Accessibility Services (SAS) by July 31, 2019 for students entering the fall semester. Any forms or documentation received after July 31, 2019 may delay your accommodations.