Pre-Admission Registration Form

This form is for students who would like to receive accommodations for ACCUPLACER Testing ONLY. Requesting accommodations requires at least a two-week notice. Less time may not guarantee accommodations for your test date.

Directions: Complete this form, attach all supporting documents, and return to SSS Disability Support.

Today’s Date: ___/___/___ Semester & Year Applying: [ ] Fall 20___ [ ] Spr 20___ [ ] Sum 20___

Name: __________________________________________________________________________

First Middle Last

GHC ID Number: _________________________ Birth Date: ________________________

Home Phone: ___________________________ Cell Phone: ___________________________

Current Address: __________________________________________________________________

Street, Apt. Number City State Zip Code

Email Address: ______________________

Disability Category (Select all that apply):
[ ] Acquired Brain Injury (ABI) [ ] ADD/ADHD [ ] Autism Spectrum
[ ] Blind/Low Vision [ ] Chronic Illness [ ] Deaf/Hard of Hearing
[ ] Learning Disability [ ] Mobility [ ] Psychological

Other (explain): ________________________________________________________________

Accommodations Requested (Select all that apply):
[ ] Extended time on essay [ ] Small group setting [ ] Four Function Calculator
[ ] Screen reading software [ ] Speech to text software

Other (explain): __________________________________________________________________

By signing below, I agree to the following:
• It is my responsibility to provide current documentation of my disability, and that failure to provide this documentation will result in not receiving accommodations for ACCUPLACER testing. Disability documentation guidelines are available on the University System of Georgia’s website, Academic & Student Affairs Handbook, Section 3, Appendixes D & E.
• I hereby authorize the release of information between Disability Support, Testing, and Advising on a need to know basis. This authorization is only in regards to ACCUPLACER testing.
• If accommodations are provided, they are temporary and ONLY for ACCUPLACER testing.
• If admitted to GHC, I will have to return to the Disability Support Office and formally apply for services.

Student Signature: ____________________________________________ Date: _____________

STUDENT SUPPORT SERVICES
DISABILITY SUPPORT