

STUDENT INFORMATION	
First Name:	
Last Name:	
Date of Birth (DD/MM/YYYY):	
OUAC ID Number:	
Primary Phone Number:	
Email Address:	
Program(s):	
Type of Disability:	

Please provide responses to the following questions below. Each response **must not exceed 500 words**. Space is provided on the subsequent pages to complete your response.

1. Describe how your disability has impacted your ability to meet academic requirements or expectations in a previous secondary or post-secondary program.
2. List details of accommodations that you have received and used in the past (e.g. software, technology, extended time, use of a 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.

1. Describe how your disability, symptoms or functional limitations has impacted your ability to meet academic requirements or expectations in a previous secondary or post-secondary program.

2. List details of accommodations or supports that you have received and used in the past (e.g. software, technology, extended time, use of a 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 the impact of your disability.