



## Student Accessibility Application Student Access for Improved Learning (SAIL)

Today's Date: \_\_\_\_\_ B#: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip Code

Phone #: \_\_\_\_\_ Alternate Phone #: \_\_\_\_\_

EFSC Titan email: \_\_\_\_\_ Alternate Email: \_\_\_\_\_

**EFSC requires that all official email communication occur through your EFSC Titan email, which you can access through *myEFSC*. If you do not have an EFSC email yet, SAIL staff will use your alternate email until you sign up for your EFSC Titan email.**

**Disability Information:**

- |   |   |
|---|---|
| <input type="checkbox"/> Physical or Mobility           | <input type="checkbox"/> Deaf or Hard of Hearing  |
| <input type="checkbox"/> Specific Learning Disability   | <input type="checkbox"/> Autism Spectrum Disorder |
| <input type="checkbox"/> Blind or Low Vision            | <input type="checkbox"/> Speech                   |
| <input type="checkbox"/> Psychological or Mental Health | <input type="checkbox"/> Medical                  |
| <input type="checkbox"/> Other: _____                   |   |
| <input type="checkbox"/> Temporary Disability: _____    |   |

When do you expect to return to your regular state of functioning? \_\_\_\_\_

**Describe how your major life activities are substantially limited by your disability.**

**Describe how your disability impacts your academic performance.**

**What accommodations have been effective for you in the past?**

**List any medication(s) that may have side effects or may impact your academic performance:**

**Additional Comments:**

**Academic Information:**

(Select One) Are you:

- First-time college student
- Prospective student

- Transfer student
- Transient student \_\_\_\_\_  
name of college/university

Main Campus:  Melbourne  Cocoa  Palm Bay  Titusville  eLearning

Program: \_\_\_\_\_

**Have you attempted any course(s) 2 or more times? If so, please list:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Student Responsibilities:** (Please initial each)

As a student requesting accommodations, I understand that I have the following responsibilities:

\_\_\_\_\_ I understand that I must provide appropriate documentation regarding my disability in order to receive reasonable accommodations.

\_\_\_\_\_ I understand that I am responsible for communicating any questions or concerns that may impact my disability accommodations.

\_\_\_\_\_ I understand that I must request to have *Teacher Notifications* sent each semester.

\_\_\_\_\_ I understand that I must self-disclose and have a discussion with my instructors before I will receive accommodations.

\_\_\_\_\_ I understand that I am responsible for following the course syllabus and attendance policy for each course.

\_\_\_\_\_ I understand that I must meet and abide by EFSC's academic, conduct, and technical standards.

**Eastern Florida State College is not obligated to honor disability accommodations from previous institutions.**

Academic requirements that are essential to the program of instruction being pursued by the student or to any directly related licensing or certification requirement will not be modified, substituted, or waived.

**The Student Access for Improved Learning (SAIL) office determines accommodations and services based on documentation submitted by the student and the application review process. Please allow at least 2 weeks for your application to be reviewed and processed. Applications submitted within 3 weeks of final exams week will be processed for the following semester.**

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date