

SELF-IDENTIFICATION FORM FOR STUDENTS WITH DISABILITIES

NAME OF STUDENT (PRINT OR TYPE)

DATE OF BIRTH

PRESENT ADDRESS

CITY

STATE

ZIP

Art Architecture Engineering

SCHOOL

TELEPHONE

EMAIL

If you are a student with a disability, you are urged to fill out this form and attach supporting documentation, including a letter from your physician describing your disability and what accommodations you may need to succeed in college. Supporting documentation should be recent (less than a year old). Your response is voluntary. The information will be kept in a confidential file by the Office of Student Affairs, accessible to those with a legitimate need for access to the information.

While we absolutely provide reasonable accommodations to students with disabilities, we want all students to be aware that the expectations at Cooper are very high and our programs and courses are extremely rigorous and move very quickly. The speed at which our curriculum advances is rapid and the rigor and intensity of our academics are fundamental components of how we teach and how students progress through our degree programs. Our courses are challenging for all of our students and any reasonable accommodations that are provided will not alter the expectations of our students and rigor of our courses.

We take an individualized approach to disability accommodations understanding that each student is unique and how they engage with our coursework is also unique. The Office of Student Affairs will be in contact with any student who completes this form to review your specific needs and establish a plan.

Your main contact will be the Office of Student Affairs. They will work with your academic advisor to resolve problems and arrange accommodations needed for access to your program of study and to student activities. Readers, signers, special laboratory equipment and coordination with faculty in making accommodations in course work or examinations are examples of the kinds of arrangements that can be made. Because these adjustments take time, we ask that you submit this form as soon as possible, ideally no later than December 15.

1. What is the nature of your disability?
2. Do you need accommodations to perform your course or laboratory work satisfactorily or safely?
3. Please describe each accommodation you think you need. Your documentation should support these requests.

PLEASE ATTACH YOUR SUPPORTING DOCUMENTATION FROM YOUR PHYSICIAN AND RETURN THIS FORM TO THE OFFICE OF STUDENT AFFAIRS, 29 THIRD AVENUE, NEW YORK, NY 10003.