

**HARDING UNIVERSITY**  
**Disability Services and Educational Access**  
**Graduate Intake Form**  
**Box 12269**  
**Searcy, AR 72149-5615**  
**(501) 279-4019**

Student H# \_\_\_\_\_

Date \_\_\_\_\_

**I. GENERAL INFORMATION First**

Name \_\_\_\_\_ Initial \_\_\_\_\_ Last Name \_\_\_\_\_ Preferred Name \_\_\_\_\_

Married women: Maiden Name \_\_\_\_\_ Husband's First Name \_\_\_\_\_

Birth date \_\_\_\_\_ Gender: Male \_\_\_\_\_ Female \_\_\_\_\_

Cell Phone \_\_\_\_\_ Harding E-Mail \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**II. EDUCATIONAL BACKGROUND**

Degree \_\_\_\_\_ (Month/Year) \_\_\_\_\_

University \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Graduate Program at Harding \_\_\_\_\_

Initial Enrollment at Harding (Semester & Year) \_\_\_\_\_

**III. ELIGIBILITY INFORMATION**

Do you have a diagnosed physical, psychological, or learning disability? (Circle all that apply)

Explain \_\_\_\_\_ Section 504 plan **Y / N**

When were you first diagnosed? \_\_\_\_\_ Date of last evaluation \_\_\_\_\_

Have you received academic accommodations previously? **Y / N**

Please explain \_\_\_\_\_

Do you have a Vocational Rehabilitation Counselor? **Y / N** What state? \_\_\_\_\_

**I affirm that the information I provided on this form is true to the best of my knowledge.**

Student Signature \_\_\_\_\_

*For office use only. Do not write below this line.*

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Referred by: \_\_\_\_\_

Documented Disability: (Circle) Learning Physical Psychological

Diagnosis: \_\_\_\_\_

Medications, if applicable: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Diagnosing Professional: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Documentation provided during interview: (Circle) Yes No

Date Release Form faxed: \_\_\_\_\_

Discussion with graduate student: (in person) \_\_\_\_\_ by telephone \_\_\_\_\_

Comments:

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

Interviewer \_\_\_\_\_ Date \_\_\_\_\_

Director of Disability Services, Harding University