MEDICAL/DISABILITY DISCLOSURE

All information entered here is CONFIDENTIAL unless otherwise stated.

AUK evaluates any request for accommodations and access to university programs on a case-by-case basis.

STUDENT INFORMATION

Full Name (Mr./Ms.) _____
Last (Family) Name, First and Middle Name

Email: _____ Phone No.: _____ ID No.: _____

DISABILITIES

By checking the box(es) below, I disclose to the University the following:

Learning Disability
Please Specify: _____

Mental Health Disability
Please Specify: _____

Physical Disability:
Please Specify: _____

MEDICAL CONDITIONS (FOR CLINIC USE ONLY)

By checking the box(es) below, I disclose to the University the following:

☐ Anemia	☐ Diabetes	☐ Digestive Disorder
☐ Asthma	☐ Epilepsy	☐ Respiratory Ailment
☐ Blood Pressure Problems	☐ Heart Diseases	☐ Other: _____

IN CASE OF EMERGENCIES, PLEASE NOTIFY:

Name: _____ Relation to Student: _____

Phone Numbers: Home: _____ Mobile: _____ Work: _____

To request accommodations, provide detailed documentation from a licensed psychologist, psychiatrist, or physician verifying the diagnosis, nature, effect, and limitations of the condition. The documentation should be no more than three years old and provide a recommendation of accommodation to meet the student's learning needs. The information must include the evaluator's name and title, testing dates, and student's age at time of evaluation.

The Counseling Center at AUK will review the documentation and determine the eligibility to cope with program requirements of students with disabilities who are able to learn through "reasonable accommodations" without compromising the integrity of AUK academic programs.

For questions regarding accommodation services, please contact the AUK Counseling Center at ext. 3232 or counseling@auk.edu.kw

ACCOMMODATIONS

AUK offers the following accommodations for students who provide veritable documentations:

Classroom Accommodations:	Testing Accommodations:
• Extended time for in-class writing (25%) • Extended time for in-class projects (25%) • Use of an audio recorder (provided by student) • Preferential/Distraction-Reduced Seating when available • Seating access/specialized furniture/devices (provided by student) • Calculator (provided by student) • Copies of Lecture Slides • Enlarged print handouts/tests	• Extended time (25%) (Does not apply to take-home tests) • Preferential/Distraction-Reduced Seating when available • Calculator (provided by student) • Proctoring exams outside the classroom (Proctored Testing form to be submitted 3 days before the test)
Academic Support Services:	**Counseling Center Services:**
• Individual regular sessions with the Writing Center and/or the Tutoring Center • Individualized Academic Advising	• Coaching • Personal/Disability Counseling • Intervention Plans

STUDENT VERIFICATION: PLEASE CHECK ONLY ONE OF THE FOLLOWING BOXES

☐ I **AUTHORIZE** the University to share my information with those university officials responsible for providing assistance to students with medical and/or disability needs.

☐ I **DECLINE** to complete this form and do not wish to share any medical information with the American University of Kuwait. I understand that by doing so, it is not the university's responsibility to provide any assistance that might be required due to any existing disability and/or medical condition.

I agree that the above information is accurate and complete to the best of my knowledge and recognize that withholding or providing false information may result in the rejection of my admission application. I understand that failure to comply with disclosure requirements waives my right for evaluation of need for reasonable accommodations.

_____ _____

Student Signature *Date*

_____ _____

Signature of Legal Guardian (if student is under 21 years of age) *Date*

FOR OFFICIAL USE ONLY

Received by Admission Personnel _____ Date: _____

Received by Counseling Center Personnel: _____ Date: _____