



UNIVERSITY OF
SOUTH DAKOTA

Office of Accessibility

Student Registration Form

Name: _____
First Middle Last

Student ID: _____

Date of Birth: _____
MM/DD/YYYY

Cell Phone: _____

Home Phone: _____
If applicable.

Email: _____
USD

Email: _____
Personal

On Campus
Vermillion

Off Campus
Sioux Falls, Rapid City, etc.

Online

Program of Study _____

Undergraduate
Anticipated Graduation Date

Graduate
Anticipated Graduation Date

NonDegree Seeking

Are you a veteran? Yes No If yes, what years did you serve: _____

Operations involved in: _____

Are you receiving Vocational Rehabilitation Services? Yes No

If yes, counselor's name: _____

Counselor's phone number: _____

What is your disability?

Please be as specific as possible.

Have you received accommodations in an educational setting? Yes No

High school, community college, university, etc. If yes, please describe accommodations received.

How does your disability impact your ability to function in an academic setting?

Please be as specific as possible.
