



STUDENT ACCESSIBILITY SERVICES-CENTER FOR HEALTH SCIENCES  
1111 West 17<sup>th</sup> Street Tulsa, Oklahoma 74107  
(P) 918-561-8260 (E) sas\_chsgrad@okstate.edu  
**INTAKE INFORMATION**

Name: \_\_\_\_\_ CWID: \_\_\_\_\_ Semester: \_\_\_\_\_

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

Home/Cell Phone: \_\_\_\_\_ E-mail address: \_\_\_\_\_

Major: \_\_\_\_\_ Advisor: \_\_\_\_\_ Expected Graduation Year: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Documentation Provided:  YES  NO Date: \_\_\_\_\_ Referral Type: \_\_\_\_\_

**Disability and Related Factors:**

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

**Support Services Requested / Special Equipment:**

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

*\*Some accommodations may not apply to **online** classes*

**Assistive Technology:**

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

**"I have been informed of the support services available to me through Student Accessibility Services at CHS staff. I understand that it is my responsibility to introduce myself to my instructors at the beginning of the semester to privately discuss all of the academic accommodations I am receiving. It is my responsibility to register with the SAS at CHS staff each semester and to notify the Student Accessibility Services staff and/or my instructor(s) if additional assistance is necessary. I agree that I must adhere to the OSU rules and regulations set forth in the Student Code of Conduct; and that my documentation does not waive OSU admission policies and regulations regarding acceptable behavior, or course objectives and requirements. I authorize the OSU CHS Student Accessibility Services staff/ Academic Coordinator for Graduate Students to release information concerning me to OSU CHS staff and participating university personnel on a need-to-know basis. If I need to schedule to take an exam, I realize it is my responsibility to make arrangements at least 24 hours in advance with my instructor and OSU-CHS testing services."**

\_\_\_\_\_ Date: \_\_\_\_\_ Date: \_\_\_\_\_

Student Signature

Academic Coordinator for Graduate Programs  
OSU Center for Health Sciences



OFFICE OF  
**Graduate Programs**  
OSU Center for Health Sciences

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