



Student Intake Form

This form is to be completed by all students who are new to Student Accessibility Services (SAS)

Please Print

UCN Student #	First Name	Last Name	Preferred Name
Birthdate (month/day/year)	UCN Email:		Alt. Email:
Phone	Alternate Phone	Campus	
Program of Study		Faculty	
Declared Disability on Application Form <input type="checkbox"/> Yes <input type="checkbox"/> No		Awareness of Release of Information Form (Consent for Disclosure) <input type="checkbox"/> Yes <input type="checkbox"/> No	

Supporting Documentation

All requests for accommodations must be supported by the appropriate documentation. Please check the appropriate statement below.

Details available at:

<https://www.ucn.ca/sites/studentdevelopment/accessibility/Pages/Guidelines-for-Documentation-for-Specific-Disabilities.aspx>

My Documentation:

- has already been forwarded to SAS
- is attached to this New Student Intake Form
- will be mailed or faxed to SAS
- other: _____

Student Status

Please check the appropriate statement below to describe your student status. (Choose only one)

- I WILL BE ENTERING UCN FOR THE FIRST TIME IN THE _____ FALL _____ WINTER TERM.
- I AM A **CURRENT** STUDENT AT UCN BUT HAVE NOT CONNECTED WITH SAS UNTIL NOW.
I AM IN _____ AND AM TAKING _____ COURSES
- I AM A **TRANSFER STUDENT**

Did someone refer you to the SAS? If yes, who? _____

Student Accessibility Services UCN

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Fax: 204-627-8666

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