FERRIS STATE UNIVERSITY
Educational Counseling & Disabilities Services
(ECDS) 901 South State Street, ASC 1017
Big Rapids, MI 49307
ecds@ferris.edu
(231) 591-3057 (Telephone)
(231) 591-3939 (Fax)

Student Request for Services

Personal Information

Name: _____ Date: _____

FOR MAILING PURPOSES CHECK THE PREFERRED MAILING ADDRESS.

___ Local Address: _____City: _____State: _____Zip Code: _____

___ Permanent Address: _____ City: _____State: _____Zip Code: _____

Home Phone No.:_____ E-Mail: _____

Cell No. & Name of Cell Phone Service Provider: _____ Fax No. : _____

Parents/Guardian/Spouse Name(s): _____

Have you used our services in the past? If yes, year: _____

Academic Information

STUDENT STATUS: ☐Current Student ☐Prospective Student

☐ Freshman ☐Sophomore ☐Junior ☐ Senior ☐ Grad/Professional

Student ID Number: _____ Semester Applying For Services: _____

If Not Enrolled - Anticipated Enrollment Date: _____ Semester (Fall, Spring, Summer & Year)

Academic College/Unit

☐ Arts & Sciences
☐Business
☐Education and Human Services
☐ Engineering Technology
☐ Health Professions
☐Michigan College of Optometry
☐ Pharmacy
☐ Professional and Technological Studies
☐Retention and Student Success

Major: _____

Disability Information

Check all that apply:

- ☐ Attention Deficit Hyperactivity Disorder (ADHD)/ Attention Deficit Disorder (ADD)
- ☐ Autism Spectrum/Pervasive Development Disorder
- ☐ Chronic Health Condition
- ☐ Deaf/Hard of Hearing
- ☐ Mobility Impairment
- ☐ Neurological Condition
- ☐ Psychiatric/Psychological Condition
- ☐ Specific Learning Disability
- ☐ Speech/Language
- ☐ Traumatic Brian Injury/Acquired Brain Impairment
- ☐ Visual Disability
- ☐ Other: _____

Please describe your disability, including the date of onset and diagnosis: _____

_____

Current Medications: _____

Are you registered with the Michigan Rehabilitation Services? ☐Yes ☐No Branch: _____
(City)

M.R.S. Counselor's Name: _____ Phone Number: _____

Accommodations

What accommodations have you used in the past? _____

_____

_____

List the academic accommodations you are requesting: (e.g., test accommodations, e-text, note-takers)

_____

_____

If applicable, list the housing accommodations you are requesting for living on campus: (e.g., wheelchair accessible, visual alarms) _____

_____

_____