

Please fill out the application below and mail, fax, or email it at least **one week prior to the START date you choose**. There is limited space so please consider submitting it at your earliest convenience. For questions please call the MVCC Office of Accessibility Resources at 315-792-5644 (Utica) or 315-334-7744 (Rome)

By Mail

Mohawk Valley Community College
Office of Accessibility Resources
1101 Sherman Drive
Utica, NY 13501

By Fax

315-731-5868

By Email

oar@mvcc.edu

*An accessible version of the application available to print can be found by going to <https://www.mvcc.edu/accessibility-resources/start>

MVCC START Program Application 2018

About You

I plan to attend the program on (check ONE you plan to attend)

August 14 August 23

Name _____ Preferred Name _____

Date / / Address _____
First Last

City _____ State _____ Zip _____ County _____

Home Phone () _____ - _____ Cell Phone () _____ - _____

Date of Birth / / Primary Email Address _____

What gender do you identify? Male Female Other

Do you have an open ACCES-VR case? Yes No

Are you planning to attend MVCC Fall 2018 Spring 2019

Do you plan to live on campus? Yes No

Additional Information (optional)

Are you Hispanic or Latino? Yes No

How would you describe your racial background (Select all that apply)

Asian Native Hawaiian or Other Pacific Islander
 Black or African American White
 American Indian or Alaska Native

About Your Education

Name(s) of School	City & State	Date of Attendance (from-to) Month/Year	Date or Expected Date of Graduation
1.			
2.			
3.			

Have you been diagnosed with a learning disability, AD/HD, or ASD? Yes No

If yes, what is the diagnosis? If no, what is your documented disability? _____

Do you/did you have an Individualized Education Plan (IEP) or 504 in high school? Yes No

Have you ever attended college? ___ Yes ___ No If yes, where/when? _____

Did you receive accommodative services? ___ Yes ___ No If yes, what were they? _____

What **academic courses** do you find most difficult? _____

What **aspect** of school challenges you the most?

___ Note taking

___ Test taking

___ Staying Organized

___ Studying

___ Focusing

___ Time management

___ Reading

___ Socializing/Communicating

___ Other

What skills and strategies do you hope to develop by participating in MVCC's Transition Day?

Who or what led you to apply to MVCC's START program? _____

Please list any special accommodations (*including food allergies*) you may require:

My signature below indicates that the information in my application is correct, inclusive, and honestly presented.

Signature of Applicant _____ Date _____

Emergency Contact Form

Please Print Clearly

Your Name _____

Address _____

City _____ State _____ Zip _____

Home Phone (_____) _____ - _____ Date of Birth ____/____/____

Allergies _____

Other Medical Conditions _____

Please list any medications you take for your allergies/medical conditions _____

In the Event of an Emergency, Please Contact

1. Name _____ Relationship to you _____

Address _____

Day Time Phone (_____) _____ - _____ Alternate Phone (_____) _____ - _____

2. Name _____ Relationship to you _____

Address _____

Day Time Phone (_____) _____ - _____ Alternate Phone (_____) _____ - _____

The information requested on this page is confidential and for emergency use only. In the event of a medical emergency, this information will be used by authorized personnel. Please be honest when completing all pertinent information.

In the case of an emergency, I give permission for my information to be released by the MVCC Office of Accessibility to emergency personnel. I also agree that any of my emergency contacts listed on this form may be notified in an emergency as needed.

Signature of Student _____ Date _____