

## Taking Courses at Other U of T Campuses: Transfer of Accommodations to OSD

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

Student Name: \_\_\_\_\_

Student Number: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ (can messages be left at this number Y N)

Cell Number: \_\_\_\_\_ (can messages be left at this number Y N)

My home campus is	I am registered in a course at (Other Campus)
<input type="checkbox"/> UTM	<input type="checkbox"/> UTM
<input type="checkbox"/> UTSC	<input type="checkbox"/> UTSC
<input type="checkbox"/> St. George	<input type="checkbox"/> St. George

Please list the course(s) in which you are registered and for which you are requesting accommodations  
(\*Other campus courses only)

Course Code	Lecture and Tutorial Section(s)	Instructor
*		
*		
*		
*		

Note: You may be subject to rules outlined in your home campus Calendar regarding taking courses at another campus. Students may be withdrawn from courses after classes have started if their registration violates these rules.

### Accommodations

Please forward my contact information and accommodations to the Office for Students with Disabilities (OSD) on the campus at which I am taking a course. I understand that my current counsellor may need to supply additional information relating to the provision of my accommodations.

I understand that accommodation delivery may vary between campuses and it is my responsibility to contact the appropriate office on that campus to meet with a counsellor to confirm registration, discuss my accommodations and review office procedures.

Student Signature \_\_\_\_\_

Date \_\_\_\_\_

For Office Use Only
Primary Disability:
Secondary Disability:
MTCU Code:
Primary Counsellor:
Notes:



# Accessibility Services Confidential Information Form

Referred to Disability Advisor:

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

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Student Number: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Sessional Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

University of Toronto Email Address:

\_\_\_\_\_@utoronto.ca

\_\_\_\_\_@mail.utoronto.ca

(Please confirm that your University of Toronto e-mail address ends in either @utoronto.ca or @mail.utoronto.ca)

Telephone:

Type:	Phone Number:	Session(s):	May we leave a message?
<b>Primary</b> <input type="radio"/> Home <input type="radio"/> Work <input type="radio"/> Cell <input type="radio"/> Pager	(        ) _____	<input type="radio"/> Sessional <input type="radio"/> Permanent	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Name & phone # only.
<b>Alternate</b> <input type="radio"/> Home <input type="radio"/> Work <input type="radio"/> Cell <input type="radio"/> Pager	(        ) _____	<input type="radio"/> Sessional <input type="radio"/> Permanent	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Name & phone # only.

Have you used our services before?

☐ Yes ☐ No If yes, who was your primary contact \_\_\_\_\_  
and when were you here? \_\_\_\_\_

What is your current status at the University of Toronto?

☐ Part-Time Student (0.5 to 2.5 courses) ☐ Special Student

☐ Full-Time Student (3.0 or more courses) ☐ Visiting Student

Undergraduate students: How many credits have you earned?

☐ 0 - 3.5 ☐ 4.0 - 8.5 ☐ 9.0 - 13.5 ☐ 14 or more

PLEASE COMPLETE OTHER SIDE OF PAGE

<b>Access Programs</b> <input type="checkbox"/> Academic Bridging Program <input type="checkbox"/> Transitional Year Program <input type="checkbox"/> Special Student <hr/> <b>St. George Campus Undergraduate:</b> <b>Arts &amp; Science</b> <input type="checkbox"/> Innis College <input type="checkbox"/> New College <input type="checkbox"/> Saint Michael's College <input type="checkbox"/> Trinity College <input type="checkbox"/> University College <input type="checkbox"/> Victoria University <input type="checkbox"/> Woodsworth College (See also Professional Faculty)  <b>Degree:</b> _____ <b>Program:</b> _____ _____	<b>Professional Faculty</b> <input type="checkbox"/> Applied Science & Engineering <input type="checkbox"/> Architecture <input type="checkbox"/> Dentistry <input type="checkbox"/> Forestry <input type="checkbox"/> Law <input type="checkbox"/> Medicine <input type="checkbox"/> Music <input type="checkbox"/> Nursing <input type="checkbox"/> Occupational Therapy <input type="checkbox"/> OISE/UT <input type="checkbox"/> Pharmacy <input type="checkbox"/> Physical Education & Health <input type="checkbox"/> Physical Therapy <input type="checkbox"/> Radiation Science <input type="checkbox"/> Social Work <input type="checkbox"/> Toronto School of Theology  <b>Degree :</b> _____	<b>Graduate Studies:</b> <b>Degree:</b>  <b>Program:</b> _____  Stage in program: <input type="checkbox"/> Course work <input type="checkbox"/> Comprehensive <input type="checkbox"/> Thesis  <b>UTM/UTSC Undergraduate</b> You must first register with Accessibility Services on your home campus. <input type="checkbox"/> Arts & Science UTM <input type="checkbox"/> Arts & Science UTSC _____ <b>International Student?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
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**With which areas do you need assistance?**

<input type="checkbox"/> Chronic Health Problem (e.g. epilepsy/MS/MD/ISO/Cancer)	<input type="checkbox"/> Temporary (Please describe): _____
<input type="checkbox"/> Mobility/Functional Disability (e.g. CP/Polio/RSI)	
<input type="checkbox"/> Mental Health Condition (e.g. Depression/Bipolar/Anxiety Disorder/OCD)	<input type="checkbox"/> Other (Please describe): _____
<input type="checkbox"/> Learning Disability or ADHD	
<input type="checkbox"/> Head Injury	
<input type="checkbox"/> Sensory Disability (e.g. Hearing/Vision)	

For Office Use Only:			Registration	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Entered in Database <input type="checkbox"/>		
1	2	3	4	5	6	7	8	9
10 multiple								
1	2	3	4	5	6	7	8	9

**THE INFORMATION ON THIS FORM IS CONFIDENTIAL.**  
**IF YOU NEED ASSISTANCE COMPLETING THIS FORM, PLEASE ASK AT THE FRONT DESK.**