



Northland Pioneer College

DISABILITY RESOURCE & ACCESS OFFICE

APPLICATION FOR SERVICES

PERSONAL INFORMATION. If you need help completing this application, please ask for assistance.

NPC ID: _____		Date: _____	
Last Name: _____		Phone: _____	
First Name: _____		Alt. Phone: _____	
Mailing Address: _____		E-mail Address: _____	
Physical Address: _____		Date of Birth: _____	
City: _____	State: _____	Zip: _____	

SCHOOL HISTORY

High School Attended: _____ Highest Grade Completed: _____

Did you receive a diploma? Yes No Did you receive a GED? Yes No

Other College: _____ Last Year Completed: _____

Degree Type: _____

What is your current Major? _____ What is your career goal? _____

Upon completion of your program, do you plan to attend a 4-year college or University? Yes No

EMPLOYMENT INFORMATION

Current Employer: _____ Position: _____

If you are currently working, do you plan to work while attending school? Yes No

ENROLLMENT and REGISTRATION INFORMATION

Have you met with an Academic Advisor? Yes No Name of Advisor: _____

Primary NPC Campus/Center Location:

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> Winslow Campus (LCC) | <input type="checkbox"/> Holbrook Campus (PDC) | <input type="checkbox"/> Snowflake Campus (SCC) | <input type="checkbox"/> Show Low Campus (WMC) |
| <input type="checkbox"/> Hopi Center (HOP) | <input type="checkbox"/> Kayenta Center (KAY) | <input type="checkbox"/> Springerville/Eagar Center (SPE) | |
| <input type="checkbox"/> St Johns Center (STJ) | <input type="checkbox"/> Whiteriver Center (WRV) | | |

Have you registered for classes? Yes No

When do you plan to start school? Semester: _____ Year: _____

CONTACT INFORMATION Please provide the following contact names and phone numbers.

Please check the agency/counselor that is sponsoring you.

- ◇ Vocational Rehabilitation Counselor: _____ Phone: _____
- ◇ Veterans Counselor: _____ Phone: _____
- ◇ Therapist/Physician: _____ Phone: _____
- Other Contact: _____ Phone: _____
- Emergency/Family Contact: _____ Phone: _____

DISABILITY INFORMATION Explain as fully as you can. Use more paper if needed.

Describe your reason for seeking academic accommodations:

Academic accommodations are based on current limitations of the disability. Describe how your disability limits your academic success:

It is your responsibility to request accommodations each semester even if your accommodations do not change. In general, what accommodations do you think will help you?

Were you involved in Special Education, Resource Center, or similar programs in High School? Yes No

We are required to ask if you are a registered voter? Yes No

Student Signature: _____ **Date:** _____

PUBLIC NOTICE OF NONDISCRIMINATION: Northland Pioneer College does not discriminate on the basis of race, color, national origin, religion, marital status, gender, age or disability in admission or access to, or treatment or employment in its educational programs or activities. District grievance procedures will be followed for compliance with Title IX and Section 504 requirements. The Affirmative Action Compliance Officer is the Director of Human Resources, 2251 E. Navajo Blvd., Holbrook, Arizona 86025, (800) 266-7845. The Section 504 Compliance Officer is the Coordinator of Disability Resources and Access, 1001 W. Deuce of Clubs, Show Low, Arizona 85901, (800) 266-7845. The lack of English language skills will not be a barrier to admission and participation in vocational education programs. Revised 2-26-10