

HOWARD PAYNE UNIVERSITY
Office of Academic Success – Learning Assistance

REQUEST FOR SERVICES

Please complete this form and return it, along with documentation supporting your request to receive learning assistance. **Please note that your request will be reviewed after all documentation is received.** All learning assistance requests will be evaluated based on your supporting documentation. Documentation guidelines are available online.

<https://www.hputx.edu/academics/the-collegium/learning-assistance-services/> .

After all documentation has been submitted, please contact the Office of Academic Success - Learning Assistance by email or phone to setup an appointment.

Student Information:			
Last Name:	First Name:	M.I.	Student ID
Street Address:			Apartment/Unit #:
City:	State:	Zip:	
Phone:		Email:	
Date of Birth:	Sex: Male <input type="checkbox"/> Female <input type="checkbox"/>	Contact by: Phone <input type="checkbox"/> Email: <input type="checkbox"/>	
Local Address <i>(If same as listed above, please write "same".)</i>			

Enrollment Information:	
Date of Enrollment	Major:
What semester do you want accommodations to begin? Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer I <input type="checkbox"/> Summer II <input type="checkbox"/>	
Accommodations: <i>Please include a list of any medications you are currently taking.</i>	

List of previous academic accommodations provided:	

Name of Vocational Rehabilitation Counselor (DARS) _____, City and State _____	
Please indicate the disability(ies) for which you are seeking services:	
_____ ADHD/ADD _____ Learning _____ Visual _____ Mobility _____ Hearing _____ Other	
Explanation of Other:	

