



# American University of Armenia

## AUA Disability Self-Identification Form

Student ID #:	Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male
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Student Last Name:	Student First Name:	Middle Name Initial
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<b>College:</b>		
<input type="checkbox"/> College of Science and Engineering	<input type="checkbox"/> College of Humanities and Social Sciences	<input type="checkbox"/> College of Business and Economics

<b>Degree Objective:</b>	
<input type="checkbox"/> BA Business <input type="checkbox"/> BA English & Communications <input type="checkbox"/> BS Computational Science	<input type="checkbox"/> LL.M. <input type="checkbox"/> MA TEFL <input type="checkbox"/> MBA <input type="checkbox"/> ME IESM <input type="checkbox"/> MPH <input type="checkbox"/> MPSIA <input type="checkbox"/> MS Econ <input type="checkbox"/> MS CIS

Indicate the term you started, or will be starting your academic program:	
<input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer	Year:

<b>Preferred Contact Information:</b>			
Address:	Phone 1:	Phone2:	Email (Please make sure this is correct so we can contact you!):

Additional comments or concerns (you can include specific information about your disability here, but you do not have to):

I understand that the submission of this confidential form is the first step in notifying American University of Armenia of my disability-related needs. Specific details about my disability status and related accommodations will be requested once this form is submitted.

Last Name

First Name

Student ID