

CLASS

Center for Learning and Adaptive Student Services

Name:

Permanent Address:

City, State, Zip Code:

Permanent telephone: () _____ cell: () _____

Proposed date of **Enrollment:** Year _____ Term: ___Fall ___Spring ___Summer

___ Freshman ___ Transfer ___ Graduate Program

___ Day School ___ Weekend College

Have you applied to the College yet? _____

State your **Diagnosis:**

Date of last diagnostic **Assessment:** _____/_____/_____

What **Accommodations** have you used?

Please submit this form with your Disability Documentation or return this form in person if you have an interview scheduled.

CLASS OFFICE

Augsburg College

2211 Riverside Avenue, Campus Box #57

Minneapolis, MN 55454

Telephone: (612)330-1053; Fax: (612)330-1137

e-mail: class@augzburg.edu