



GRADUATE STUDENT FORM FOR STUDENT WITH DISABILITIES

Students who feel their admission average does not reflect their potential due to a disability should fill out this form. This form will assist our admissions committee with the admission decision. This information will remain confidential; however it will be reviewed by the appropriate graduate program to which you are applying.

Please fill out the form and forward it to the Faculty of Graduate Studies and Postdoctoral Affairs via email: graduatestudies@brocku.ca.

STUDENT INFORMATION

Name: _____ Brock Student Number: _____

Email address: _____ Phone: _____

Street: _____ City: _____ Postal Code: _____

Current Institution: _____

Graduate Program of Interest at Brock: _____

Application Deadline: _____

AREA(S) OF disABILITY

Please check one or more of the following to describe your disability.

Learning Disability Sensory Psychiatric/ Mental Health

Other (please specify): _____

If you have checked more than one area of disability, please indicate which one disability has the greatest impact on your learning. _____

Please answer the following questions.

1. Depending on the nature of your disability, please indicate the age of onset or diagnosis of your disability.

