



WELCOME FORM ACCESSIBILITY RESOURCE CENTER

Date: _____

Students requesting services must be registered with the Accessibility Resource Center (ARC) in order to receive appropriate support for your disabilities while attending University of New Mexico – Gallup.

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PERSONAL INFORMATION:

Name (Last): _____, (First): _____ (MI): _____

Banner ID #: _____ UNM Net ID (E-mail): _____@unm.edu

DOB: _____ Gender Identification: Male Female

Address (Permanent): _____ City, State _____ Zip: _____

Phone _____ Cell: _____ Message _____

Emergency Contact Information:

What is the best way to reach you? Cell Home Email

How did you find out about ARC?

Faculty List Name: _____ Internet List Site: _____

Staff List Name: _____ Agency List Name _____

Student/Friend Other _____

ACADEMIC DATA:

Name of Major: _____ Certificate AAS AA AS BA/BS

Why I chose this Major: _____

My goal for next 6 months: _____

Goals for next 12 years: _____

Goals for next 35 years: _____

Current Academic Status: Freshman Sophomore Junior Senior Graduate

Have you ever been diagnosed with a disability? Yes No

If YES, please specify your disability: _____

If No, please describe any problems you had in school: _____

lease list the name, address, and phone number of your state Vocational Rehabilitation Counselor (i.e. NM DVR, NM or AZ Commission A A