



## Student Intake Form

NAME \_\_\_\_\_ DATE \_\_\_\_\_

NSU ID # \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

\_\_\_\_\_ CELL PHONE \_\_\_\_\_

NSU EMAIL ADDRESS \_\_\_\_\_

UNDERGRADUATE \_\_\_\_\_ GRADUATE \_\_\_\_\_ PROFESSIONAL \_\_\_\_\_

SCHOOL OR COLLEGE \_\_\_\_\_ MAJOR \_\_\_\_\_

PRIMARY CAMPUS: DAVIE \_\_\_ KENDALL \_\_\_ ORLANDO \_\_\_ TAMPA \_\_\_

PALM BEACH \_\_\_ JACKSONVILLE \_\_\_ LAS VEGAS \_\_\_ FORT MEYERS \_\_\_

PREVIOUS COLLEGES ATTENDED \_\_\_\_\_

\_\_\_\_\_

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*All of the information provided to the Office of Student Disability Services is kept confidential and will only be shared with your permission with individuals directly involved in providing approved accommodations.*

PLEASE IDENTIFY YOUR SPECIFIC DISABILITY (OR DISABILITIES):

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PLEASE INDICATE THE ACCOMMODATIONS YOU ARE REQUESTING:

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\_\_\_\_\_

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Please **RETURN** this form with your documentation.  
Use the back if you need more space.