



**EDUCATIONAL ACCESSIBILITY SERVICES
STUDENT INTAKE FORM**

Personal Data

(Name:) First: _____ Middle: _____ Last: _____

WSU # ID: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Birth date: _____

Home Phone: () _____ Cell Phone: () _____

Work Phone: () _____

Student's e-mail address: _____

What's the best way to reach you? (Check all that apply.)

Cell _____ Home _____ Work _____ e-mail _____

Sex/ check one: [] Male [] Female

Ethnic Origin

If your ethnic origin is among the following, please indicate:

A. White/Caucasian (non-Hispanic) B. Black/African American (non-Hispanic) C. Hispanic/Latino

D. American Indian/Alaskan Native E. Asian F. Hawaiian/Pacific Islander G. Arab American

H. Multi-racial (specify): _____

I. Other (specify): _____

How did you find out about EAS?

Faculty [] Staff [] Community [] Internet [] Agency [] Other [] _____

Are you registered with other community services?

[] YES [] NO

If yes: Case Worker's Name: _____

Agency: _____ Phone: () _____

Academic Data

Major: _____

Current Academic Status:(please circle:)Fr/ Soph/ Jr/ Sr/ Grad

Current GPA: _____ Credit Hours this Term: _____

Academic Goals: (please circle:) BA/BS, MA/MS/MSW/M.ED, PH.D/JD/DR.

Accommodation History

Past Educational Accommodations:

Please list and identify the school/s where accommodations were issued:

Special Education/Disability Services:

Learning/Educational Issues:

WAYNE STATE UNIVERSITY
Educational Accessibility Services
5155 Gullen Mall / Suite 1600 U.G.L.
Detroit, Mi 49202
Voice: 313-577-1851 TTY:313-577-3365
FAX: 313-577-4898