



Disabled Students Program & Services

PROGRAM APPLICATION

Merced College provides educational services and access for eligible students with verified disabilities who intend to pursue coursework at Merced College. A variety of programs and services are available which afford eligible students with disabilities the opportunity to participate fully in all aspects of college programs and activities through appropriate and reasonable accommodations. Completion of this form constitutes an agreement to apply for services through Disabled Students Program & Services (DSPS).

Student Name:		Date of Application:	
Birth Date:	Age:	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Address:			
City:	Zip:	Phone/Cell Number:	
College E-Mail:		Student ID#:	
Last High School Attended:		Year of Completion:	

1. Are you a new or returning student of MC? (check one) New Returning
2. Do you have a current MC admissions application on file? Yes No
3. Have you completed the MC placement questionnaire? Yes No
4. Have you completed the MC orientation? Yes No
5. Have you completed an educational plan? Yes No
6. Have you received disability services from another college? Yes No

If so, what college did you attend? _____

7. Are you a client of Department of Rehabilitation? Yes No

If yes, counselor's name: _____ Phone: _____

8. If you are **not registered to vote** where you live now, would you like to apply to register to vote here today?

I am already registered to vote at my current residence address.

Yes, I would like to register to vote. Please complete the attached voter registration form or visit this website to complete voter registration: <https://registertovote.ca.gov/?t=vra&id=66>

No, I do not want to register to vote.

NOTE: IF YOU DO NOT CHECK A BOX, YOU WILL BE CONSIDERED TO HAVE DECIDED NOT TO REGISTER TO VOTE AT THIS TIME. YOU MAY TAKE THE ATTACHED VOTER REGISTRATION FORM TO REGISTER AT YOUR CONVENIENCE.

****If you are unable to sign this document due to the nature and/or severity of your disability, or because you are completing this form online, you may permit a certificated DSPS staff member to sign on your behalf by typing your initials here: _____****

Applicant Signature: _____

Date: _____

Important Notices

1. Applying to register or declining to register to vote will **not** affect the amount of assistance that you will be provided by this agency.
2. If you would like help in filling out the voter registration form, we will help you. The decision whether to seek or accept help is yours. You may fill out the voter registration form in private.
3. If you believe that someone has interfered with your right to register or to decline to register to vote, your right to privacy in deciding whether to register or in applying to register to vote, or your right to choose your own political party preference or other political preference, you may file a complaint with the Secretary of State by calling toll-free (800 345-VOTE (8683) or you may write to: Secretary of State, 1500 – 11th Street, Sacramento, CA, 95814. For more information on elections and voting, please visit the Secretary of State’s website at www.sos.ca.gov.

01/13 NVRA Voter Preference Form

DSPS Student Acknowledgement

I have been provided and have reviewed the DSPS Student Information Handout which includes the following:

- **DSPS Student Rights**
- **DSPS Student Responsibilities**
- **Student Code of Conduct at Merced College**
- **Academic Honesty at Merced College**
- **Student Discipline Procedures**
- **Guidelines for Alternate Print/Media and Assistive Technology Services, Interpreter, Note Taker, Test Proctoring**

The services listed in this document may be provided to a student by DSPS only if all of the following conditions have been met: (1) the approved accommodations do not duplicate services or instruction which are otherwise available to all students; (2) the accommodations are directly related to the educational limitations of the verified disabilities of the student to be served; (3) the accommodations are directly related to the student’s participation in the educational process at this college; and (4) the accommodations are intended to promote the maximum independence and integration of the student and aid in supporting the student’s participation in educational activities consistent with the mission of the community college. In addition, the college may decline to provide accommodations that would necessitate fundamental alterations of academic requirements.

We, the undersigned, understand that the accommodations approved in this document are reasonable for certain classes or educational settings at this college and may not apply to other institutions. If an agreement between a faculty member, certificated DSPS staff, and myself cannot be reached, it is understood that an appeal either through the college’s formal grievance process or directly with the appropriate State or Federal agencies identified in the Merced College Catalog, may be filed.

If you do not utilize DSPS services during the current semester, this application (including your disability verification) will be destroyed.

****If you are unable to sign this document due to the nature and/or severity of your disability, or because you are completing this form online, you may permit a certificated DSPS staff member to sign on your behalf by typing your initials here: _____****

Student’s Signature:	Date:
DSPS Counselor’s Signature:	Date:

This form is available in Alternate Print Format upon request.

Orientation - Y N

Assessment - Y N

Ed Plan - Y N

Enrolled - Y N