



University of Colorado Boulder  
International English Center  
63 UCB  
Boulder, Colorado 80309-0063

Phone: +001-303-492-5547  
Fax: +001-303-492-5515  
Email: edusaacademy@colorado.edu  
Web: edusaacademy.colorado.edu

**SPECIFIC MEDICAL CONDITIONS AND LEARNING DISABILITIES**  
**SUPPLEMENTAL INFORMATION**

*Please type or print clearly.*

**APPLICANT INFORMATION (as it appears in your passport)**

<b>Family/Last Name</b>	<b>First Name</b>	<b>Middle Name</b>
<b>Gender:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	<b>Country of Birth:</b> _____	<b>Passport Number:</b> _____
<b>Date of Birth:</b> _____ Month / Day / Year	<b>Country of Citizenship:</b> _____	

The purpose of these questions is to help us better understand you and any specific needs you may have. Based on this information, we can provide academic accommodations if necessary.

What is your medical condition or disability?

Describe how it currently impacts you:

*School Impacts:*

*Social/Personal Impacts:*

What accommodations are you requesting? Include academic, physical, communication, access needs, etc.

Accommodation(s)	Reason for Accommodation

Describe your strengths, weaknesses, and special interests.

Are you taking any medications?  No  Yes If YES, please describe, including if effective or ineffective.

Have you participated in any therapeutic services (therapy, coaching, support services, etc.) to manage the impacts of your condition?  No  Yes  
If YES, please describe, including if effective or ineffective.

**INFORMED CONSENT FOR INFORMATION RELEASE**

I, the undersigned, hereby authorize the EducationUSA Academy at the University of Colorado Boulder to discuss, either in writing or orally, the applicant's academic adjustments or accommodations with appropriate administrators, faculty members, and third-party service providers as deemed necessary by program administrators for the purpose of providing and/or coordinating accommodations and services for the applicant.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date (Month / Day / Year)

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Date (Month / Day / Year)