



Disability Support Services

Paula Bender, Coordinator

1501 College Avenue
Conway, AR 72034-6401
501-205-8926
Fax: 501-329-2941

Disability Services Registration

Name: _____ Student ID: _____

Local Address: _____

Local/Cell Phone: _____ E-Mail Address _____@cbc.edu

Permanent Address: _____

Permanent Phone/Contact: _____

Semester/Year Entered CBC: _____

Present Status:

- _____ Full-time
- _____ Part-time
- _____ Concurrent

Degree Status:

- _____ Freshman
- _____ Sophomore
- _____ Junior
- _____ Senior
- _____ Non-degree/Audit

Study Program:

- _____ Traditional
- _____ PACE
- _____ Online

Major Field of Study/Major/Minor: _____

Advisor: _____

Disability Classification	
_____ Attention Deficit/Hyperactivity Disorder	_____ Learning Disorder
_____ Chronic Health Disorder	_____ Physical Disorder
_____ Cognitive Disorder	_____ Psychological Disorder
_____ Communication Disorder	_____ Temporary Disability
_____ Hearing Disorder	_____ Vision Disorder
	_____ Other

