Accommodation Registration for Continuing Students

General Information:

First Name: ___________________________  Last Name: ___________________________

Preferred Name: _______________________  Date: ________________________________
(if different from above)

Address: ________________________________________________________________

City: ___________________________  Province/State: ___________________________

Country: _________________________  Postal/Zip Code: _________________________

Student ID Number: ______________  Phone Number: _________________________

U of A email address: ______________@ualberta.ca

May we phone you?  □  Yes  □  No

If No, specify preferred method of contact: _________________________________

If Yes, may we leave you a message?  □  Yes  □  No

Emergency Contact Name: _________________________________________________

Relationship: _____________________________________________________________

Contact Phone Number(s): _________________________________________________

Where are you residing while attending the U of A?

On-campus (name of Residence): ___________________________________________

Off-campus Residence (please specify): _______________________________________

Address as indicated above?  □  Yes  □  No
If no, please provide address where you are residing/staying:

What is your current status? Please check all that apply:

☐ International Student
☐ Full-time Student
☐ Part-time Student
☐ Good Standing
☐ Academic Warning
☐ Returning from a Required to Withdraw

What is your level of Academic Program?

☐ Extension
☐ Undergraduate
☐ Masters
☐ PhD
☐ Other __________________________
☐ Previous Degrees __________________________

Have you attended or will you be registering with other service(s) at the U of A? (e.g. Fresh Start Program, Transition Year Program, Aboriginal Student Services)

☐ Yes. If yes, indicate service(s) you will be accessing:
Continuing Student Accommodation Renewal

Name: ___________________________________ Student ID Number: ________________

Accessibility Advisor: ____________________________________________________________

List current accommodations:

Answer the following questions (bullet points please).

1. Briefly review academic successes and challenges over the past year (e.g. courses excelled in, courses passed, withdrawals, etc.).

2. What role did your strengths play in the successes? What role did barriers in the environment or impacts of disability play in the challenges?

3. Reflecting on the past academic year, what SAS accommodations met your accessibility-related needs and why?
4. Reflecting on the past academic year, what SAS accommodations did not address your accessibility-related needs and why?

5. Did you have SAS accommodations that you did not use? If no, skip this question. If yes, which ones would you use in the future and why?

6. Based on the above, list the SAS accommodations required for the coming year. SAS Accessibility Advisors will renew only those accommodations requested.

7. Do you believe additional accommodations are required and accessibility-related? If no, skip this question. If yes, provide a rationale below and book an appointment with your Accessibility Advisor to further explore these accommodations.

Personal information is collected under the authority of Section 33.(c) of the Alberta Freedom of Information and Protection of Privacy Act for the purpose of administering programs offered through SAS. Personal information on this form may be shared, on a need to know basis, with U of A faculties, departments or units. Questions regarding the collection, use and disposal of this information can be directed to SAS at 780-679-1649 or augsas@ualberta.ca.
Authorization for Release of Information

I, ___________________________________________ , hereby voluntarily authorize Student Accessibility Services (SAS) to release information from my SAS file to:

Name of Contact: ___________________________________________

Relationship/Institution/Organization: ___________________________________________

Telephone: Home: ____________ Work: ____________ Cell: ____________

Email: ___________________________________________

I agree that access to information about my SAS file will be for the following purpose(s) (e.g. sharing accommodation information, sharing funding-related information):

________________________________________________________________________

This authorization may be revoked by me at any time through a written request; however, it will not apply to information shared prior to the written request being received by SAS.

This authorization shall expire on: (Specify date, event, e.g. upon graduation, or date one year from date signed.) ___________________________________________

Student Signature: ___________________________________________

Print Name: ___________________________________________ Date: ___________________________________________

Witness Signature: ___________________________________________

Print Name: ___________________________________________ Date: ___________________________________________
Acknowledgement of Usage of Personal Information

Personal information provided as part of the Continuing Student Accommodation Renewal Package is collected under the authority of Section 33.(c) of the Alberta Freedom of Information and Protection of Privacy Act for the purpose of administering the programs offered through Student Accessibility Services (SAS).

Personal information in the renewal package may be shared, on a need-to-know basis, with University of Alberta faculties, departments or units.

I hereby give permission for the information I have provided to be used for the above noted purposes.

I also understand that verification of my disability(ies) or medical condition(s) may be required prior to accessing the services available through SAS and that I may be asked to update related documentation periodically.

Questions regarding the collection, use and disposal of this information can be directed to:

Student Accessibility Services (SAS)
Augustana Campus
2-06 Founders’ Hall
4901 – 46 Avenue
Camrose, AB T4V 2R3

T: (780) 679-1649
E: augsas@ualberta.ca

Student Signature: _______________________________ Date: _______________________

Witness Signature: _______________________________ Date: _______________________

Agreement to Remit Funds

All students (except international students) using approved accommodation services with Student Accessibility Services (SAS) must apply for provincial and federal grants to defray the costs of those services. To the extent that provincial and federal grants do not cover the full cost of approved accommodation services for a Canadian student, and the student demonstrates that best efforts were made to acquire the maximum grant funding available, the University’s normal practice is to assume responsibility for the balance of the cost of the approved accommodation service.

I, ____________________________,

First Name, Last Name

U of A Student ID number

being eligible to apply for provincial and federal grants to defray the cost of accommodation services, hereby agree to pay the University of Alberta [Student Accessibility Services (SAS)], for the cost of service(s) provided to me during the academic year, as outlined in each Cost Outline of accessibility-related services.

I understand that:

☐ I am responsible for requesting, scheduling, and cancelling services using the correct forms and in accordance with deadlines and procedures related to the service outlined on the SAS website (http://aug.ualberta.ca/sas).

☐ The SAS service(s) provided to me will be tracked by SAS and I may ask to see an itemized list of services delivered.

☐ Charges apply to SAS service(s) that I request but do not use unless I provide adequate notice of cancellation as outlined on the SAS website.

☐ Failure to pay the University of Alberta (SAS) for the cost of services provided to me during the academic year may result in:
  • an encumbrance placed on my student account, which may result in the inability to register for courses, obtain transcripts or convocate (University of Alberta Calendar section 23.9.10) until:
    ☑ the outstanding balance has been remitted to SAS, or
    ☑ a written agreement, outlining a payment schedule between SAS and myself, has been developed and signed.
Payment to SAS will occur:

- Once I receive the Canada Access Grant for Services and Equipment for Persons with Permanent Disabilities (CSG-SE) for which I am applying through the Schedule 4 Form as part of the Canada Student Loan Application. I agree to remit payment for SAS accommodation service costs to SAS within 30 days of billing notice.
- If, despite being eligible to apply for provincial and federal grants to defray the cost of accommodation services, I choose to use my own/personal financial resources to pay for service(s) provided by SAS, I agree to make full payment to SAS within 30 days of billing notice from SAS.

I further understand that:

- SAS will issue a receipt for funds remitted for equipment and services provided by SAS.
- I am required to submit receipts to Student Aid showing that grant monies I have received have been used for the intended purposes.
- After clearing all balances with SAS, I am responsible for returning any unused grant funding to Student Aid.
- If I fail to submit receipts to Student Aid showing that the grant monies I have received have been used for the intended purposes and/or if I fail to return any unused grant funding to Student Aid (the unaccounted-for funds), and, as a result, the amount of my grant funds for the following year are reduced by the amount of the unaccounted-for funds, I understand that, in the following year, I will be responsible for paying to the University of Alberta [SAS] the shortfall in funding created by the unaccounted-for funds. Failure to pay for the shortfall in funding will result in an encumbrance being placed on my student account or a suspension in services, as described above.
- I am responsible for securing and submitting receipts to Student Aid for accessibility-related equipment and services received from non-SAS service providers (e.g., tutors, parking, etc.).
- If I fail to seek grant funding where eligible, I will be personally responsible to pay SAS for the cost of accommodation services.

Student Signature: ________________________________ Date: ______________________

Witness Signature: ________________________________ Date: ______________________
Funding Confirmation

Name: ___________________________________  Student ID Number: ______________

1. Based on personal need and/or the information provided above, have you submitted a student loan application for this school term/academic year?

☐ Yes. Please provide confirmation information/number: ______________________________

☐ No. Please indicate reason: _______________________________________________________

2. Do you receive funding from another organization (WCB, Band, insurance, etc.) to attend school? If yes, please provide name and contact information:

________________________________________________________________________________

Note: Once the above information is received and reviewed, your Accessibility Advisor may complete additional funding forms based on provincial requirements. Funding forms include costs of services requested. Contact SAS at augsas@ualberta.ca or (780) 679-1649 to obtain a copy of the funding requested.

Grant funds for services and equipment must be used for the purpose outlined in your letter from Student Aid. Receipts and unused funds must be returned to the province providing the grants. Details can be found at (https://www.canada.ca/en/employment-social-development/services/student-financial-aid/student-loan/student-loans/provincial.html).