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نموذج تسجيل في مركز الموارد لذوي الإعاقة Disability Resource Center Registration Form

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Rules:

1. This form together with all attachments is essential for registering at the Disability Resource Center
2. Fulfillment of the UOS admission requirements is a prerequisite to deem this form valid
3. Receiving this form by a student/ custodian is the first step for the registering at DRC, which will be approved upon completion of all university admission and registration procedures
4. This form is for the use of the UOS Disability Resource Center only
5. The form should be completed by both the student and the custodian

نموذج تسجيل في مركز الموارد لذوي الإعاقة
Disability Resource Center Registration Form

► Personal Information

Name:

Gender: Male Female

University Id Number: Type Of Disability:

Department/College:

Phone Number (Student): Custodian (Father): (Mother):

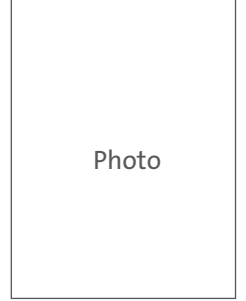
Nationality: Email: Marital Status: Unmarried Married Other:

Education: High School Diploma Undergraduate Graduate Studies

Career Status: Employed Unemployed Employer's Approval Of Studying In The Morning

University Branch Requested: Sharjah Khorfakkan Kalba Dhaid Dibba Al Hisn Maliha

Residence: University Dorms Outside The Campus



► Address:

Country: City: District:

► Required Information (Family, Health):

Are There Any People With Disability In Your Family? Yes No

How Do You Evaluate Your/The Student's Health Status?

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Do You Take Any Medications Or Have Treatments Affecting Your Academic Level Or Your Attendance To The University?

Yes No

(If Yes, Explain)

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► Select The Academic Services As Appropriate For The Disability:

► Advising Services:

1. Contacting Faculty Members Regarding Academic Affairs. Yes No
2. Problem Solving Intervention: (Academic, Psychological Or Social Problems) Yes No
3. Workshops And Sessions Yes No

► Information Systems Services:

1- Support Equipment: Yes No

(If Yes, Indicate)

2- Typing And Printouts:

- Large Font Size Yes No
- Accommodating Exam Sheets Yes No
- Braille Language Printouts Yes No

3- Technical Support Yes No

(If Yes, Indicate)

► Sign Language Services:

- 1- Providing A Sign Language Interpreter Yes No
- 2- Office Hours With The Interpreter Yes No
- 3- Learning The Sign Language Yes No

Other Services Needed:



► Skills, Talents And Outlooks:

► Skills And Talents:

1. Name Of The Talent:

2. Status Of Practicing The Talent:

Ongoing Abandone I Wish To Practice

3. Aspects In Need Of Development:

► Outlooks:

1. Engagement In Uos Events Yes No Your Opinion:

2. Pursuing Graduate Studies Yes No Your Opinion:

3. Future Career:

► Documents Required

- 1. A Copy Of Valid Passport.
- 2. A Copy Of (The Family Register, Valid Residence Visa, Visit Visa).
- 3. A Copy Of The Uae National Id (Uae Nationals And Residents).
- 4. A Recent Photo.
- 5. A Copy Of The General Secondary Certificate Or Equivalent.
- 6. A Copy Of The Student's Disability Card.
- 7. Copies Of Medical Reports, Mental Health Tests And Documents Proving The Student's Disability.
- 8. Copy Of Official Documents Of The Escort (If Any).

► Applicant's Confirmation

I, hereby confirm that I have applied for registration at the University Of Sharjah Disability Resource Center. I enclose my personal documents and authorize the Center to use them for purposes that do not conflict with my interest. I also undertake to complete all the procedures of registration in accordance with the university's rules.

I undertake to keep all the technical devices I borrow from the Center against any harm. I absolve the Center of any responsibility if my academic performance declines and undertake to refrain from making unprofessional requests contravening the university's applicable bylaws and regulations.

► Student's Signature:

► Custodian's Signature:

► Signature Of Official In Charge:

► Signature of Center's Director:

► Date:

► Approval Of Director Of Disability Resource Center:

Recommendations:

- Approval Of Registration At The Center.
- Conditional Approval: The Custodian Is Required To Provide:
 Escort Shadow Teacher
- Approval Of Registration At The Center Shall Be Suspended:
 Measurement Of Ability Development (Reevaluation: For One Semester, For One Academic Year).
 Inability To Provide The Service (Number Of Students, Availability Of Devices)
- Disapproval Of Registration At The Center:
 Not A Person Of Disability.
 A Person Of Disability (Health Condition).
 Not Included In The Categories Approved By The Center.

Prof. Ahmad Falah Alomosh

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Drc Director Approval

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Signature

.....
Date

