



THE AMERICAN UNIVERSITY IN CAIRO
الجامعة الأمريكية بالقاهرة

Center for Student Well Being
Disability Eligibility Form

In order for individuals to be eligible to receive accommodations at AUC, the following information is required:

Name: _____ ID: _____

1. Diagnosis of Disability: _____

2. Major life activities that the disability impairs:

3. Severity of disability:

4. Functional/educational limitations:

5. Recommended accommodations:

Name of assessor (please print): _____

Contacts: _____

Signature: _____ Date: _____