

## **Disability and Accommodation(s) Policies and Procedures**

Consistent with its mission to educate people for various Christian ministries in church and society, Garrett-Evangelical Theological Seminary is committed to providing equal access to its programs of graduate professional education for all qualified students with learning, physical, medical or psychological conditions. Section 504 of the Rehabilitation Act of 1973 (<https://www.disability.gov/rehabilitation-act-1973>) and the Americans with Disabilities Act of 1990 (<http://www.dol.gov/dol/topic/disability/ada.htm>) prohibit discrimination against individuals with disabilities. Accordingly, the seminary aims to provide reasonable accommodation(s) for qualified individuals with disabilities to ensure their access to and participation in seminary programs.

Once admitted to Garrett-Evangelical, but at least six weeks prior to matriculation, entering students requesting accommodation(s) should petition the Academic Affairs Office. Current students should petition as early as possible, but at least six weeks prior to the beginning of each semester in which accommodation(s) is requested. Late submission of documentation may result in a delay in implementing any accommodation(s) plan.

In support of the written petition, students must submit current, relevant documentation of a disability from a qualified health professional. These materials may be forwarded to an educational consultant with special training in disabilities who will suggest appropriate action to the seminary.

### **General Policies**

1. Students should provide information and documentation at a reasonably early date to allow time for the development and arrangement of appropriate accommodation(s). In some cases, several weeks' advance arrangement is needed.
2. Eligibility for services and accommodation(s) is determined on an individual basis based upon documented need.
3. Self-disclosure and the submission of documentation can be initiated any time during the year. However, reasonable time must be allowed before the student can expect accommodation(s) to be in place. Self-disclosure and documentation are required only if students plan to request accommodation(s).
4. All completed forms will be returned to the Academic Affairs Office and copied to the Office of the Registrar.
5. Medical documentation must be reviewed and updated as needed.
6. Accommodation(s) cannot be retroactive. Accommodation(s) begins only after documentation is received and reasonable time for accommodation is development has been allowed.

### **Confidentiality**

Confidentiality is extremely important in all matters pertaining to students with disabilities. General information regarding Garrett-Evangelical's commitment to providing equal access to its programs of graduate professional education for all qualified students with learning, physical, medical or psychological conditions is detailed on page 80 of *Student Life Handbook 2016-2017* (available on MyGETS). In accordance with The Family Educational Rights and Privacy Act (FERPA) guidelines, information regarding a student's disability is only shared with other seminary personnel if there is a legitimate reason to do so and with the student's written permission. For more information on FERPA see, <http://www2.ed.gov/policy/gen/guid/fpco/ferpa/index.html>.

Faculty members are not told the specific nature of a student's disability, unless the student provides the Academic Affairs Office with written permission to do so. Faculty may not identify students as having a disability or disclose their accommodation(s) without the student's written permission. Students are encouraged to communicate openly with faculty regarding their accommodation(s).

### **Seminary Rights and Responsibilities**

1. Identify and establish essential functions, abilities, skills, knowledge, standards and criteria for courses, programs, services and activities.
2. Request and receive current documentation from an appropriate licensed professional source that supports accommodation(s) requests as well as requests for academic adjustments and/or auxiliary aids and services.
3. Deny a request for accommodation(s), academic adjustment and/or auxiliary aids and services in consultation with a student with a documented disability if:
  - a. Documentation does not meet the seminary's guidelines and demonstrate that the request is warranted.
  - b. The student fails to provide appropriate documentation.
4. Refuse to provide an accommodation, adjustment and/or auxiliary aid or service that is ineffective or unreasonable, including any that:
  - a. Pose a direct threat to the health and safety of others.
  - b. Fundamentally alter courses, programs, services or activities.
  - c. Pose undue financial or administrative burden.
5. Provide information regarding policies and procedures to faculty, staff, students and guests with disabilities and assure this information is available in accessible formats upon request
6. Ensure that courses, programs, services and activities, when viewed in their entirety, are available and usable in the most integrated and appropriate settings.
7. Evaluate students and applicants on their abilities and potentials, not their disabilities.
8. Provide or arrange for effective, appropriate and reasonable accommodation(s), academic adjustments, and/or auxiliary aids and services for students with identified disabilities in courses, programs, services and activities.
9. Maintain appropriate confidentiality of records and communication concerning students with disabilities.

### **Documentation**

Appropriate documentation should include:

1. A description of the disability, including duration and severity.
2. Assessment of substantial disability-based limitations and how they relate to the educational environment.
3. Test scores and interpretation, where relevant.
4. Recommendations concerning specific educational accommodation(s).
5. Information concerning prescribed medications and their potential side effects.

### **Medical Updates**

The seminary reserves the right to request additional documentation, if needed. No documentation will result in a waiver of Garrett-Evangelical admissions policies, regulations regarding acceptable behavior or course objectives and requirements, including the attendance policy. All costs for testing, assessment and implementation are the responsibility of the student, although testing costs may be reimbursed by health insurance companies. Educational consultant charges are the responsibility of the seminary. After receiving all documentation, the Administrator for Academic Affairs, in consultation with the Academic Dean, will recommend specific accommodations. Implementation expenses associated with the accommodation(s), if any, are the responsibility of the student.

### **Temporary (Short Term) Disability**

Students with temporary disabilities are encouraged to contact the Academic Affairs Office for information regarding services available to them. Examples of temporary disabilities include: a broken arm/leg, recent surgery, a short-term illness, or an injury.

### **Disability and Accommodation(s) Checklist**

- \_\_\_\_\_ Read Policies and Procedures (pages 1-3)
- \_\_\_\_\_ Complete Pre-Admission Form (pages x-y)
- \_\_\_\_\_ Complete Rights and Responsibilities Form (pages a-b)
- \_\_\_\_\_ Complete form related to the disability
  - AD/HD Disorders (pages c-d)
  - Psychological Disorders (pages e-f)
  - Medical Conditions/Disorders (pages g-h)

**The Disabilities and Accommodation(s) packet is available on MyGETS and in the Academic Affairs Office.**

**All completed forms must be returned to the Office of Academic Affairs.**

**PRE-ADMISSION FORM** *(To be completed by the student)*

***Student Information***

**Today's Date:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Garrett ID:** \_\_\_\_\_  
(Last) (First)

**Email Address:** \_\_\_\_\_

**Permanent Address:** \_\_\_\_\_  
(Street) (City) (State) (Zip)

**Home Phone #:** \_\_\_\_\_ **Cell Phone #:** \_\_\_\_\_

**Date of Birth** \_\_\_\_\_

***Student Classification:***

_____ Perspective	_____ Online	_____ Master's
_____ Full-time	_____ International (F-1 visa)	_____ PhD
_____ Part-time	_____ Exchange	_____ Other (explain below)

\_\_\_\_\_

***Enrollment Status:***

Date of Enrollment at Garrett-Evangelical Theological Seminary: \_\_\_\_\_

Transfer Student?	_____ Yes	Name of previous institution	_____	_____ No
US Veteran?	_____ Yes	Dates of service:	_____	_____ No
International Student?	_____ Yes			_____ No

***Academic Profile***

**Major:** \_\_\_\_\_ **Minor (if applicable):** \_\_\_\_\_

Degree:	_____ MDiv	_____ MASPE
	_____ MTS	_____ PhD
	_____ MACE	_____ DMin
	_____ MAMM	_____ Other
	_____ MAPCC	

***Housing Profile***

\_\_\_\_\_ On-Campus Housing \_\_\_\_\_ Commuter/Off-Campus

***Diagnostic Information***

What is the diagnostic category for which you are requesting accommodation(s)?

Please check all that apply.

- |                                              |                                              |                                                   |
|----------------------------------------------|----------------------------------------------|---------------------------------------------------|
| <input type="checkbox"/> Hearing Disability  | <input type="checkbox"/> Physical Disability | <input type="checkbox"/> Medical Disability       |
| <input type="checkbox"/> Learning Disability | <input type="checkbox"/> Visual Disability   | <input type="checkbox"/> Psychological Disability |
| <input type="checkbox"/> Speech Disability   | <input type="checkbox"/> ADD/ADHD            | <input type="checkbox"/> Other (please explain)   |

How does your current diagnosis impact your academic work?

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How does your current diagnosis impact your living environment?

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What is the diagnosis for which you are seeking accommodation(s)?

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***Accommodation(s) Request Information:***

- Academic Accommodation(s)       Housing Accommodation(s)

Please describe the academic and/or housing accommodation(s) you are requesting.

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Dietary Accommodation(s) (please check one)

- Dining Hall Accommodation     Meal Plan Change     Meal Plan Exemption/Release

***Accommodation History***

Please list any accommodation(s) used in high school.

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Please list any accommodation(s) used in previous universities.

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Please note any additional information that may assist the Academic Affairs Office in providing you with accommodation(s).

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## **Garrett-Evangelical Student Rights and Responsibilities Agreement**

*Please initial each line below*

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According to the Americans with Disabilities Act of 1990 and Section 504 of the Rehabilitation Act of 1973, a student with a documented disability is entitled to the appropriate accommodation(s) requested in order to compete on an equal basis with peers.

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1. The student must bring any problems in accommodation(s) to the attention of the Academic Affairs Office.
  2. The student must request accommodation(s) and provide appropriate written documentation of the disability
  3. For any semester that the student requests accommodation(s), the student must contact the Academic Affairs Office or request accommodation forms by the end of the second week of classes, or the student should expect delays, as accommodation requests are completed in the order they are received.
  4. The student must request accommodation(s) in a timely manner, allowing for sufficient lead time in order to make appropriate arrangements.
  5. For academic accommodation(s), in order to receive timely accommodation(s), students must provide faculty the accommodation(s) forms within a week of the date on the forms.
  6. For housing accommodation(s) the student must make a specific request **every school year** that they live in Garrett-Evangelical Theological Seminary housing.
  7. The Academic Affairs Office is not responsible for problems in accommodation(s) which are not brought to the Administrator of Academic Affairs in a timely manner.
  8. The student must abide by all seminary rules and academic standards as spelled out in the seminary handbook.

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### **Services for Students with Disabilities**

1. The Academic Affairs Office assists students in self advocacy and in the resolution of problems in accommodation(s).
2. The Academic Affairs Office provides reasonable accommodation(s) on a case-by-case basis in consultation with each individual student.
3. Advocate for the rights of students with disabilities, whenever possible.

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### **Grievance Procedure**

Garrett-Evangelical provides procedures for resolving disputes related to services for students with disabilities, including complaints that a student has been discriminated against because of his or her disability.

If a student believes another Garrett-Evangelical student has engaged in discriminatory conduct toward the student because of his or her disability, the student may file an incident report with the Academic Affairs Office. Information about how to file such an incident report and the procedures used to resolve such complaints may be obtained from the Office of Student Life.

Any complaint that a student has been discriminated against by an administrator, faculty member, staff member, or other employee relating to disability services, because of his or her disability, may utilize the following procedures:

1. Students are encouraged, but are not required, to make a sincere attempt to resolve the problem through discussions with the other party
2. If the student is unable to resolve the problem with the other party or has opted not to make such an attempt, then the student should meet with the Academic Affairs Office, to discuss the problem and possible ways to resolve the problem. The student should schedule the meeting with the Administrator for Academic Affairs within fourteen days of the event leading to the dispute.
3. If the Administrator for Academic Affairs and the student are unable to resolve the problem, the student may file a written complaint with the Academic Affairs office. The written complaint must specify the nature of the dispute, any prior attempts to resolve the matter and how the student wishes for the matter to be resolved. The written complaint should be filed within fourteen days of the meeting with the Administrator for Academic Affairs. The Academic Dean will conduct an investigation. As part of that investigation, the Academic Dean will ask the student and the other party to identify any witnesses and to submit any other evidence they wish the Academic Dean to consider. The Academic Dean will complete the investigation within thirty days of receiving the written complaint from the student, if practicable. The Academic Dean will notify the parties of the disposition of the matter to the extent permissible by law.
4. If the student is dissatisfied with the disposition, the student may file a written appeal with the Office of the President. The appeal must be filed within fourteen days of being notified of the Academic Dean's disposition and contain all the information and documentation that the student wishes to be considered as part of the appeal. The Office of the President will notify all parties of his or her decision within thirty days after receiving the appeal if practicable, to the extent permitted by law.
5. If the student's dispute is with the Administrator for Academic Affairs, the student should notify the Academic Dean, who will appoint an impartial person to meet with the student or conduct the investigation as applicable. If the dispute is with the Academic Dean, the student should notify the Office of the President, who will appoint an impartial person to meet with the student, conduct the investigation or handle the appeal as applicable.

In any situation where it is found that discrimination occurred because of the student's disability, Garrett-Evangelical will take appropriate steps to prevent the recurrence of such discrimination and will attempt to correct any discriminatory effects on the student and others if appropriate. Retaliation against any person for complaining about what he or she believes to be discriminatory conduct or for cooperating in any investigation of such a complaint is prohibited.

Student Life Handbook

\_\_\_\_\_ I have been informed that the student handbook is located online at MyGETS among the Office of Student Life handouts.

I understand that my failure to meet the above responsibilities can result in loss of accommodation(s). I also understand that faculty are not required to provide accommodation(s) unless I have presented them with my Academic Affairs accommodation(s) letter. By initialing above and signing below, I am stating that the Administrator for Academic Affairs has met with me, explained my student rights and responsibilities, and the grievance procedures in a comprehensive manner. I am also acknowledging my understanding of these procedures.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Witness

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date

**This form is valid for the entire course of the student's career at Garrett-Evangelical**



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*Criteria for Documenting Attention-Deficit/Hyperactivity Disorder*

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**The information you provide will not become part of the student's educational records but will be kept in the student's confidential file in the Academic Affairs Office. In addition to the requested information, please attach all supportive information, reports, and test results relevant to the documented diagnosis and limitations.**

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Your patient/client has applied for services available to qualified students with disabilities through the Academic Affairs Office at Garrett-Evangelical Theological Seminary. Current and comprehensive documentation of the student's disability must be submitted to the Academic Affairs Office to determine appropriate and reasonable accommodation(s). The student has indicated that you can provide this documentation; along with information related to the kinds of accommodation(s) the student may need based on the functional limitation that they experience due to their disability. We ask, therefore, that you address the criteria outlined below on professional letterhead or complete the attached verification form.

**Documentation Criteria:**

1. A clear statement of the DSM-IV diagnosis, including pertinent history
2. A summary of assessment procedures, behavioral rating scale and evaluation results used to make the diagnosis. Rating scales may include the Brown or Conners', for example, and evaluations may include IT tests (with special reference to any working memory and processing speed index scores), Conners' CPT II or other continuous performance tests, Trail Making Test, memory/attention/processing/fluency subtests from batteries such as the Woodcock-Johnson III Tests of Cognitive Abilities and of Achievement.
3. Treatment information including current medication
4. Suggestions of reasonable accommodation(s) (should be supported by the diagnosis)

A form has been provided for your convenience.

This documentation should be completed by a qualified professional who has undergone comprehensive training and has relevant experience in differential diagnosis in the full range of psychiatric disorders (e.g., psychologists, neuropsychologists, psychiatrists and other relevantly trained medical doctors). This individual should have first-hand knowledge of the student's condition and be an impartial individual not related to the student.

### *Criteria for Documenting Psychological Disabilities*

Your patient/client has applied for services available to qualified students with disabilities through the Academic Affairs Office of Garrett-Evangelical Theological Seminary. Current and comprehensive documentation of the student's disability must be submitted to the Academic Affairs Office to determine appropriate and reasonable accommodation(s). The student has indicated that you can provide this documentation, along with information related to the kinds of accommodation(s) the student may need based on the functional limitation that they experience due to their disability. We ask, therefore, that you address the criteria outlined below on professional letterhead or complete the attached verification form.

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**The information you provide will not become part of the student's educational records but will be kept in the student's confidential file in the Academic Affairs Office. In addition to the requested information, please attach all supportive information, reports, and test results relevant to the documented diagnosis and limitations.**

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#### **Documentation Criteria:**

1. A clear statement of the DSM-IV diagnosis, including pertinent history
2. A description of present symptoms, fluctuating conditions/symptoms, and prognosis
3. Current documentation
4. A summary of assessment procedures used to make the diagnosis
5. Medical information to be considered in a seminary environment, including medication needs
6. Suggestions of reasonable accommodation(s) (should be supported by the diagnosis)

**Disability Verification for Students with  
Attention-Deficit/Hyperactivity Disorder**  
*Student Information*

**Today's Date:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Garrett ID:** \_\_\_\_\_  
(Last) (First)

**Email Address:** \_\_\_\_\_

**Permanent Address:** \_\_\_\_\_  
(Street) (City) (State) (Zip)

**Home Phone #:** \_\_\_\_\_ **Cell Phone #:** \_\_\_\_\_

**Birthdate** \_\_\_\_\_

***Professional***

Date of Initial Contact with Student \_\_\_\_\_

Date of Last Contact with Student \_\_\_\_\_

Date of Completion of Form \_\_\_\_\_

***Diagnostic Information***

Date of Diagnosis \_\_\_\_\_

Please list the DSM-IV diagnostic criteria that were identified as present in this case **and** the diagnostic procedures/assessments/scales used to identify these criteria.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Age at onset of symptoms \_\_\_\_\_

Please describe the settings in which these symptoms have been most evident.

\_\_\_\_\_  
\_\_\_\_\_

Please discuss how the possibility of other psychiatric or medical disorders which may cause problems with inattention are considered, evaluated, and documented in the differential diagnosis process. Please also discuss any dual diagnoses and alternative or coexisting conditions.

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***Treatment Information***

**Medications**

Current medication(s) including dosage, effectiveness and side effects:

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Current compliance with medication plan:

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**Educational and Behavioral Interventions**

Please describe academic interventions, coaching support or other behavioral programs that have been made available and their level of effectiveness.

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**Impact of Condition on Educational Success**

Please identify the specific academic abilities or functions that are compromised by the disorder. Indicate severity of these limitations.

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**Suggested Accommodation(s)**

NOTE: *Final determination of appropriate accommodations will be determined by the Academic Affairs Office in accordance with the mandates of the Rehabilitation Act of 1973 and the Americans with Disabilities Act of 1990 as well as court rulings and Department of Education Office of Civil Rights rulings related to these two laws. Each recommended accommodation must be accompanied by an explanation of its relevance to the diagnosed disability.*

Extended time for exams \_\_\_\_\_ Yes \_\_\_\_\_ No  
Why? \_\_\_\_\_

\_\_\_\_\_

Quiet room in which to take exams \_\_\_\_\_ Yes \_\_\_\_\_ No  
Why? \_\_\_\_\_

\_\_\_\_\_

Other accommodation(s) (please specify) \_\_\_\_\_ Yes \_\_\_\_\_ No  
Why? \_\_\_\_\_

\_\_\_\_\_

***The information you provide will not become part of the student's academic records, but will be kept in the student's file in the Academic Affairs Office, where it will be held strictly confidential. This form may be released to the student with their signed request.***

***Certifying Authority***

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name and Title: \_\_\_\_\_

License/Certification Number and Issuing State: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Phone #: \_\_\_\_\_

*Return this information to:*  
*Attn: Krista McNeil, Garrett-Evangelical Theological Seminary*  
2121 Sheridan Road, Evanston, IL 60201  
Phone 847.866.3903 / Fax 847.866.3906

**Disability Verification for Students with Psychological Disabilities**

*Student Information*

**Today's Date:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Garrett ID:** \_\_\_\_\_  
(Last) (First)

**Email Address:** \_\_\_\_\_

**Permanent Address:** \_\_\_\_\_  
(Street) (City) (State) (Zip)

**Home Phone #:** \_\_\_\_\_ **Cell Phone #:** \_\_\_\_\_

**Birthdate** \_\_\_\_\_

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*Professional*

Date of Initial Contact with Student \_\_\_\_\_

Date of Last Contact with Student \_\_\_\_\_

Date of Completion of Form \_\_\_\_\_

*Diagnostic Information*

DSM IV Diagnosis \_\_\_\_\_

Pertinent History:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Onset of current diagnoses disability:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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Summary of present symptoms:

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Assessment procedures and evaluation instruments used:

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Prognosis:

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Is the disability currently stabilized?

Please describe:

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***Treatment Information***

**Medications**

Describe current medication needs and side effects and how the medication will affect the student's educational performance.

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How long has the student been taking this medication?

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Is the student still adjusting to \_\_\_\_\_ or stabilized on the medication \_\_\_\_\_?

***Information Supporting Accommodation(s) Requests***

Describe the student's functional limitations in an educational setting.

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Are there crisis episodes associated with the disability?

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Have you any recommendations to make regarding effective academic accommodation(s) to equalize this student's educational opportunities at the post-secondary level?  
(Describe services/accommodations in exam administration, classroom or study activities, or course requirements)

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*Certifying Authority*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name and Title: \_\_\_\_\_

License/Certification Number  
and Issuing State: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Phone #: \_\_\_\_\_

*Return this information to:*

Attn: Krista McNeil  
Garrett-Evangelical Theological Seminary  
2121 Sheridan Road  
Evanston, IL 60201  
Phone 847.866.3903 / Fax 847.866.3906

*The information you provide will not become part of the student's academic records, but will be kept in the student's file in the Academic Affairs Office, where it will be held strictly confidential. This form may be released to the student with their signed request.*

**Disability Verification for Students with Medical Disabilities**

*Student Information*

**Today's Date:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Garrett ID:** \_\_\_\_\_  
(Last) (First)

**Email Address:** \_\_\_\_\_

**Permanent Address:** \_\_\_\_\_  
(Street) (City) (State) (Zip)

**Home Phone #:** \_\_\_\_\_ **Cell Phone #:** \_\_\_\_\_

**Birthdate** \_\_\_\_\_

*Professional*

Date of Initial Contact with Student \_\_\_\_\_

Date of Last Contact with Student \_\_\_\_\_

Date of Completion of Form \_\_\_\_\_

To ensure the provision of reasonable and appropriate services for students with medical disabilities, the Academic Affairs Office requires students to provide current and comprehensive documentation of their disability and its impact on their education. To standardize the gathering of such information, we ask that the student's healthcare provider answer the following questions.

Please describe the student's impairment giving a specific diagnosis and include the date of diagnosis.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What is the expected duration of the disorder?

\_\_\_\_\_

\_\_\_\_\_

If the student is currently undergoing medical treatment, please describe and indicate how the treatment might affect the student academically.

\_\_\_\_\_

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Describe how this medical condition may result in specific functional limitations in an academic setting (i.e., problems sitting for long periods of time, unable to type for more than ten minutes, or unable to walk more than 50 feet without fatigue).

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List current medication(s), impact, and adverse side effects. Is the student still adjusting to or stabilized on these medications?

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Please provide your specific recommendations (based upon your assessment, the student's clinical and academic history, and diagnosis) for accommodations that you believe will help equalize the student's ability to access Garrett-Evangelical's educational program.

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Please provide any additional information you feel will be useful in determining the nature and severity of this student's disability and any additional recommendations that may assist the Academic Affairs Office in determining appropriate accommodations and intervention. Attach copies of other relevant information as needed.

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*Healthcare Provider Information*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name and Title: \_\_\_\_\_

License/Certification Number  
and Issuing State: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Phone #: \_\_\_\_\_

*Return this information to:*

Attn: Krista McNeil  
Garrett-Evangelical Theological Seminary  
2121 Sheridan Road  
Evanston, IL 60201  
Phone 847.866.3903 / Fax 847.866.3906

*The information you provide will not become part of the student's academic records, but will be kept in the student's file in the Academic Affairs Office, where it will be held strictly confidential. This form may be released to the student with his/her signed request.*