Dear New Student:

Congratulations upon your acceptance to the Sofia University (formerly Institute of Transpersonal Psychology) and welcome to our campus community. I hope that your time here will be of great value to you now and in years to come.

We want to assure you that Sofia is committed to the principles of equal opportunity for all students. This educational institution admits students of any race, sex, color, creed, religion, national and/or ethnic origin, age, marital status, sexual or gender orientation, veteran's status, or disability.

If you have a disability and wish to identify it, please complete the form below. We will then contact you regarding the services provided for students with disabilities. We will make every effort to provide reasonable accommodations. Please be advised that the information you furnish to the Student Disabilities Services Office (SDS) will remain confidential and will be used only to provide any support services you may need. Completing the form is entirely voluntary, and it is at your discretion to choose not to identify yourself as having a disability.

In order to ensure accommodations will be in place for your first quarter, students should start the disability registration process by returning the completed form below by May 1 (Summer start date); July 1 (Fall start date); Dec. 1(Winter start date); Feb. 1 (Spring start date).

If you should have any questions or concerns, do not hesitate to call Student Disabilities Services at (650)493-4430 ext.225

Warm Regards,

Rosalie Cook
Disability Director
rosalie.cook@sofia.edu

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--- PLEASE PRINT ---

Due by: May 1 (Summer start date); July 1 (Fall start date); Dec. 1 (Winter start date); Feb. 1 (Spring start date)
Mail to: Sofia University (formerly Institute of Transpersonal Psychology)
Student Disability Services Office
1069 East Meadow Circle, Palo Alto, CA 94303

If you wish to identify a disability, please complete the following and return to Disabilities Resources:

Date:_____ Program (i.e., GPhD, LRMACP)_____
Name:_____
Address: _____ Phone:_____
_____
Email: _____

Disability (check as appropriate):

❑ Chronic illness or condition	❑ Hearing disability	❑ Visual disability
❑ Learning disability	❑ Psychological disability	❑ Mobility disability-ambulatory
❑ Mobility Disability-wheelchair	❑ ADD/ADHD	❑ Other: _____

PLEASE DO NOT SEND DOCUMENTATION WITH THIS FORM!