THE UNIVERSITY OF BRITISH COLUMBIA



OKANAGAN CAMPUS

Disability Resource Centre University Centre, Room 214 Telephone #: 250.807.9263

Fax #: 250.807.9365

Request for Special Consideration for Undergraduate Admission for Disability-Related Reasons

Admission to UBC is competitive and requires the successful completion of both general admission requirements that apply to all applicants, as well as program-specific requirements. Many programs require additional information as part of their admission process and decisions are based on that information as well as your academic background. In addition, special consideration may be made for students who are close to the competitive admission standard and who demonstrate a disability-related exceptional circumstance such as one or more of the following rationales:

- there was a lack of accommodation at a previous academic institution when requested by the student despite the provision of appropriate documentation;
- accommodations were not received because the student was not aware of having a disability or diagnosis did not take place until <u>after</u> the completion of studies;
- the student's disability was diagnosed mid-studies after which disability-related accommodations resulted in marked improvement in academic standing;
- the relapse of a student's documented disability resulted in academic performance, which
 did not accurately reflect the student's academic ability. Duration of the relapse was shortterm and subsequent improvement in academic performance was evident.

Application Process:

- 1. Apply to your program.
- 2. Submit the following documents to the Disability Resource Centre
 - Request for admission: Special Consideration Form (see page 2)
 - Documentation of your disability
 - A letter outlining the rationale on which you are requesting special consideration.
 - A letter from your most recent educational institution supporting your case.

Note: documents should be submitted as soon as possible and no later than the application deadline of your program.

3. The Disability Resource Centre Manager will review your documents and submit a recommendation to the UBC Admissions Office. After DRC has submitted its recommendation, all further communication about your admissions status will be through the Admissions Office.

Should your request for admission be denied, you may appeal to the Standing Committee of the University Senate. See Senate Appeals on Academic Standing in the UBC Calendar www.calendar.ubc.ca/okanagan.

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To be completed by student.	
Name:	UBC Student Number:
Phone Number:	Email Address:
Address:	City:
Postal Code:	Recent School Attended:
Faculty to which you are seeking admission: 1st choice:	2 nd choice:
Signature:	Date:
CHECKLIST – Student to check off all items included.	
☐ Documentation of Disability (according to DRC	Guidelines)
☐ Letter by Applicant Outlining Rationale for Spec	cial Admission
☐ Other letters of support (example: from Recent	Academic Institution or School)
☐ Completion of attached Disclosure Form	
submissions may not be considered. Originals must	
(DRC use only)	
Date Received: File Complete: □ Yes □ No	
Additional Information Required & Comments:	
DRC Manager:	Admissions Officer:
Decision to Support Request: ☐ Yes ☐ No	Date of Decision:

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Disclosure Agreement

Privacy Notification: Your personal information is collected under the authority of section 26(c) of the *Freedom of Information and Protection of Privacy Act* (FIPPA). This information is kept confidential and used only by the Disability Resource Centre to ensure the provision of services. Questions about the collection of this information may be directed to Earllene Roberts, Diversity Advisor for the Disability Resource Centre, UBC Okanagan, 3333 University Way, Kelowna, BC V1V 1V7, 250.807.9263.

In matters of client appeals or complaints, the Disability Resource Centre is required to release client information to the appropriate UBC officials.

Client Name:	Student Number:
DISCLOSURE AGREEMENT:	
I have read the above statement and hereby cor the Disability Resource Centre, as deemed necessary	isent to the release of information from my file by essary.
Signature of the student:	Date:
Signature of the parent or guardian: Date: (A parental or guardian signature is required when the student is under 18 years.)	
I <u>do not consent</u> to the release of information from my file by the Disability Resource Centre. I understand that my refusal to consent may limit provision of service that can only be delivered in consultation with officials of the University or other community agencies.	
Signature of the student:	Date:
Signature of the parent or guardian: (A parental or guardian signature is required when the parent of the parent or guardian signature is required when the parent of the parent or guardian:	Date:he student is under 18 years.)