

Disability Support Services  
Montgomery College

VISITING SUMMER STUDENT INTAKE FORM: STUDENTS WITH  
DISABILITIES FROM OTHER COLLEGES OR UNIVERSITIES  
SUMMER SESSION ONLY

Return this completed form to DSS with a copy of your documentation including diagnosis and impact of your disability, OR a signed letter on official letterhead from your college/university stating your disability and the accommodations you are receiving.

Date \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone (day) \_\_\_\_\_ (evening) \_\_\_\_\_

Email \_\_\_\_\_ Birthdate \_\_\_\_\_

MC Student ID #M \_\_\_\_\_

Disability \_\_\_\_\_ Referred by \_\_\_\_\_

Name of college or university in which you are enrolled \_\_\_\_\_

How many credit hours have you accumulated? \_\_\_\_\_

What is your major? \_\_\_\_\_

Has the class you are taking (at MC) been approved for transfer by your college or university? \_\_\_\_\_

Have you ever been a student at Montgomery College? \_\_\_\_\_

Describe your disability and how it affects your performance as a student \_\_\_\_\_

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

List all services and accommodations that you are receiving at the college or university you are attending.

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

List any medication you are currently taking \_\_\_\_\_

Describe any long-term medical problems you have \_\_\_\_\_

\_\_\_\_\_

Are you currently in counseling or therapy? \_\_\_\_\_

Name of therapist \_\_\_\_\_ Phone number \_\_\_\_\_

Are you working now? \_\_\_\_\_ If so, where? \_\_\_\_\_

How many hours a week? \_\_\_\_\_

**ROCKVILLE**  
*Counseling and Advising, Rm. 122*  
Voice: 240-567-5058  
Fax: 240-567-5097

**GERMANTOWN**  
*Science and Applied Studies, Rm. 175*  
Voice: 240-567-7770  
Fax: 240-567-7839

**TAKOMA PARK/SILVER SPRING**  
*Student Services Pavilion, Rm. 233*  
Voice: 240-567-1480  
Fax: 240-567-3922