

Steps to submit an application to AIM

1. Access the [Accommodation Portal website](#), enter your **email address** and click on **SEND CONFIRMATION CODE**.

APPLICATION CENTER

HOME

- > Online Services Home
- > Start/Resume Application

HOME » APPLICATION CENTER

CONTACT INFORMATION

Email Address *:

FORM SUBMISSION

SEND CONFIRMATION CODE >

2. We emailed an authentication code to the email provided previously. Remember, the authentication code will expire after 20 minutes.

APPLICATION CENTER

HOME

- > Online Services Home
- > Start/Resume Application

HOME » APPLICATION CENTER

AUTHENTICATION CODE

We emailed an authentication code to your email.

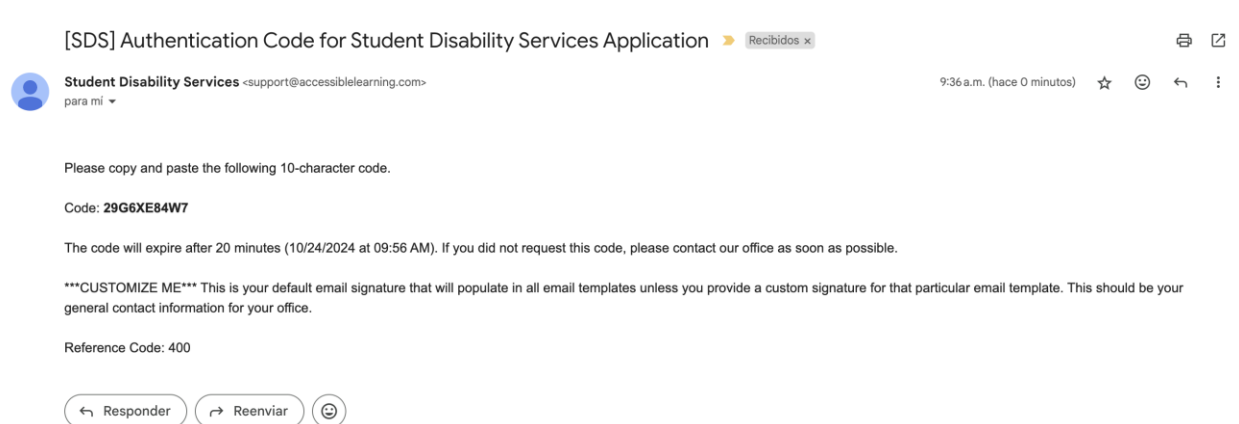
If you don't see an email from us in your inbox in the next 10 minutes, please check your spam or junk folder.

Authentication Code *:

FORM SUBMISSION

VERIFY CODE >

3. Open your email account, locate the email from **Student Disability Services**, and **copy and paste** the verification code.



4. Click on the **START NEW APPLICATION** button.

OVERVIEW

OPTIONS

- > Overview
- > Previous Applications
- > Sign Out

SIGN OUT >

» OVERVIEW



INTRODUCTION

Welcome to the Accessible Learning Student Portal. Please complete the form below in it's entirety. This will help us serve you better!

Please know that the information you provide will be kept private in accordance with the Family Education Rights & Privacy Act (FERPA). For more information on FERPA, please visit: <http://www>

MY APPLICATION

Type:

Student Application

About This Template

This application is an opportunity to share your disability with us. If it is a documented, qualified disability, we will work with you to provide reasonable accommodations.

START NEW APPLICATION >

5. Begin completing all the blanks in the form with your information, ensuring you fill in every field marked with a red asterisk. When you finish click on the **Create application draft** button.

STUDENT APPLICATION

OPTIONS

- > Overview
- > Previous Applications
- > Sign Out

SIGN OUT >

» STUDENT APPLICATION

INTRODUCTION

Type: My Application.

Welcome to the Accessible Learning Student Portal. Please complete the form below in it's entirety. This will help us serve you better!

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APPLICATION INFORMATION

Start Term *:

2018 - Summer

Expected Graduation Term *:

Select One

CONTACT INFORMATION

Email Address *:

@gmail.com

Email Address (Secondary):

Primary Phone Number:

United States of America (+1)

PERSONAL INFORMATION

First Name *:

Preferred Name:

Middle Name:

Last Name *:

School ID *:

Hint: Enter 9 alpha numeric characters.

PERMANENT ADDRESS

Address *:

City *:

State/Province *:

Zip Code/Postal Code *:

Birth Date *:

Hint: Enter date in the following format Month/Day/Year (i.e. 12/31/2024).

mm/dd/yyyy

Gender *:

Select One

SECONDARY DISABILITIES

Hint: Select up to 50 options.

Deaf and Hard of Hearing

☐ Deaf

☐ Hard of Hearing

General Category

☐ Downs Syndrome

☐ Kurzweil Only

☐ Other

☐ Temporary Disability

Intellectual Disability

☐ Communication Impairment

☐ Fragile X FXS

☐ Intellectual Disability

☐ Joubert's Syndrome

Learning Disability

☐ Central Auditory Processing Disorder (CAPD)

☐ Comprehension Disorder

☐ Dyscalculia

☐ Dysgraphia

☐ Dyslexia

☐ Dyspraxia

☐ Irlen Syndrome

☐ Learning Disability

☐ Math

☐ Math Disorder

☐ Memory Loss

☐ Processing Disorder

☐ Reading

☐ Reading Disorder

☐ Visual Processing Disorder

☐ Written Expression Disorder

Mental Health Disability

☐ ADD / ADHD

☐ Agoraphobia

☐ Alzheimer's Disease

☐ Anxiety Disorder

☐ Autism Spectrum Disorder

☐ Bipolar Disorder

☐ Borderline Personality Disorder

☐ Cognitive Impairment

☐ Depression

☐ Dissociative Identity Disorder

☐ Eating Disorder

☐ Insomnia

☐ Mood Disorder

☐ Neurodevelopmental Disorder

☐ Obsessive Compulsive Disorder (OCD)

☐ Obsessive Compulsive Personality Disorder (OCPD)

☐ Oppositional Defiant Disorder

☐ Panic Disorder

☐ Personality Disorder

☐ Pervasive Development Disorder

☐ Post Traumatic Stress Disorder (PTSD)

☐ Schizoid Personality Disorder

☐ Schizophrenia

☐ Schizotypal Personality Disorder

☐ Severe Hypersomnia

☐ Social Phobia

☐ Tourette Syndrome

☐ Trichotillomania (TTM)

Physical Disability

☐ Acid Reflux (GERD)

☐ Adrenal Insufficiency (Addison's Disease)

☐ Allergies

☐ Arthritis

☐ Asthma

☐ Back Injury

☐ Birth Defects

☐ Bone Disease

☐ Brain Fog

☐ Brain Tumor

☐ Cancer

☐ Cardiac Condition

☐ Carpal Tunnel

☐ Cerebral Palsy

☐ Chronic Fatigue

☐ Chronic Headache Syndrome (CHS)

☐ Chronic Heart Condition

☐ Chronic Medical Condition

☐ Crohn's Disease

☐ Cystic Fibrosis

☐ Diabetes

☐ Ehlers-Danlos Syndrome (EDS)

☐ Encephalopathy

☐ Endometriosis

☐ Epilepsy

☐ Fibromyalgia

☐ Gastrointestinal Problems

☐ Gastroparesis

☐ Generalized Pain Syndrome

☐ Graves Disease

☐ Growth Hormone Deficiency

☐ Hashimotos Disease

☐ Head Injury

☐ Health

☐ Heart Disease

☐ Hydrocephalus

☐ Hypermobility

☐ Irritable Bowel Syndrome (IBS)

☐ Klinefelter's Syndrome

☐ Liver Transplant

☐ Lupus

☐ Lyme Disease

☐ MBD (Bone Disease)

☐ Meniere's Disease

☐ Migraines

☐ Multiple Sclerosis

☐ Muscular Dystrophy

☐ Narcolepsy

DISABILITY INFORMATION

Primary Disability *:

Select One

Other Disability Or Note:

☐ Neurofibromatosis	☐ Neurogenic Cardiac Syncope
☐ Neurological Disorder	☐ Neuropathy
☐ Osteochromatosis	☐ Post Brain Injury
☐ Post Concussion Syndrome	☐ Postural Orthostatic Tachycardia Syndrome (POTS)
☐ Quadriplegic	☐ Reflex Neurovascular Dystrophy
☐ Reflex Sympathetic Dystrophy	☐ Rheumatoid Arthritis
☐ Scoliosis	☐ Seizure Disorder
☐ Sensory Autonomic Neuropathy	☐ Severe Allergy to Peanuts and Nuts
☐ Sickle Cell Anemia (HGB SS)	☐ Spastic diaphragm
☐ Spina Bifida	☐ Spinal Cord Injury
☐ Spinal Muscular Atrophy	☐ Spinal Neurological Disease
☐ Stroke	☐ Thyroid Disorder
☐ Traumatic Brain Injury (TBI)	☐ Tremors
☐ Turners Syndrome	

Visual Impairment Disability

- ☐ Blind
- ☐ Double Vision
- ☐ Low Vision
- ☐ Scotopic Sensitivity
- ☐ Color Blindness
- ☐ Hemianopia
- ☐ Myopia
- ☐ Visual Impairment

FORM SUBMISSION

Important Note: Responses are only saved after selecting the 'Create Application Draft' button.

[CREATE APPLICATION DRAFT >](#)
[BACK TO OVERVIEW >](#)

6. Now you will be asked to fill in the information about your disability. When you finish click on the **SAVE AND UPLOAD DOCUMENTATION** button.

STUDENT APPLICATION - QUESTIONNAIRE

OPTIONS

- > Overview
- > Previous Applications
- > Sign Out

[SIGN OUT >](#)

» STUDENT APPLICATION - QUESTIONNAIRE

Please continue to complete the application.

ID

Phone

Email

@gmail.com

Email (Secondary)

@gmail.com

[OVERVIEW](#)
[QUESTIONNAIRE](#)
[FILES](#)
[SUBMIT APPLICATION](#)

APPLICATION DRAFT: YOUR APPLICATION IS NOT YET SUBMITTED

Important Note: To save the progress of your application, be sure to select the form submission button at the bottom of each page.

LIST OF QUESTIONS

Tell us about your Disability *

Have you received accommodations in the past? *

☐ Yes
☐ No

Tell us about accommodations you have received in the past. *

Please select the type of documentation you have:

☐ Medical Records
☐ Psychological Evaluation
☐ IEP or 504 Plan from High School with Stated Diagnosis

Additional Comment:

What academic accommodations would you like to discuss? (Please note that in college, certain accommodations such as being allowed to use notes on exams, retaking exams, or shortened assignments are typically NOT considered reasonable accommodations.) *

FORM SUBMISSION

Important Note: Responses are **only saved** after selecting one of the buttons below.

SAVE AND UPLOAD DOCUMENTATION >

- In this section, you must upload all the necessary documentation as proof of your disability. After submitting the documentation, click on **PROCEED TO FINAL REVIEW**. Remember to click on **UPLOAD FILE** each time a document is submitted.

STUDENT APPLICATION - FILES

OPTIONS

> Overview

> Previous Applications

> Sign Out

SIGN OUT >

» STUDENT APPLICATION - FILES

APPLICATION SAVED

Please continue to complete the application.

ID

Phone

Email @gmail.com

Email (Secondary) @gmail.com

OVERVIEW

QUESTIONNAIRE

FILES

SUBMIT APPLICATION

APPLICATION DRAFT: YOUR APPLICATION IS NOT YET SUBMITTED

Important Note: To save the progress of your application, be sure to select the form submission button at the bottom of each page.

DOCUMENTATION GUIDELINES

Please upload any current documentation signifying that you have a qualified disability.

OPTIONS

> Overview

> Previous Applications

> Sign Out

SIGN OUT >

» OVERVIEW

SUCCESS! YOUR ACTION HAS BEEN COMPLETED

The system has successfully saved your action.

INTRODUCTION

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STUDENT APPLICATION

Template:

My Application

Status:

Processing

Started On:

Thursday, October 24, 2024 at 10:40 AM

VIEW APPLICATION >

11. You will receive an email stating that your application, along with the uploaded documentation, will be reviewed, and we will contact you regarding the next step in the process.

[SDS] Student Application Accepted

Inbox x

Student Disability Services <BYUPathway.AS@accessiblelearning.com>

to me

10:44 AM (2 minutes ago)

☆

😊

↩

⋮

Thank you for submitting a "New Student Application" to BYU Pathway Worldwide Accessibility Services. As soon as we have reviewed your documentation, Student Wellness will contact you about the next step in the process. If you have any questions please contact Accessibility Services at deanofstudents@byupathway.org.

BYU-Pathway Worldwide Student Wellness

Accessibility Services

Email: deanofstudents@byupw.edu

<https://www.byupathway.edu/student-wellness/accessibility>

Reference Code: 101

↩ Reply

➡ Forward

😊