



THE UNIVERSITY
of NORTH CAROLINA
at CHAPEL HILL

OFFICE OF UNDERGRADUATE ADMISSIONS

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Disability Impact Statement from Applicant

Name _____ Date _____

*In order to be able to fully understand the impact of your disability/medical condition, in addition to reviewing your documentation we would also like specific information on how the diagnosed condition described is **currently** impacting your functioning and causing you substantial limitations. Please attach as many additional pages as necessary to address the areas below.*

- **Current Impact**

Describe in as much detail as possible how the diagnosed condition is **currently** impacting and substantially limiting your performance. If there are some classes or situations in which your disability is not impacting your performance, please explain why this is the case. If you have tried any medical or educational interventions to manage the diagnosed condition, please explain what these were and how and why they have or haven't helped.

- **Impact within the past 1-2 years**

Describe in as much detail as possible how the diagnosed condition has or has not impacted and substantially limited your performance **in the recent past (1-2 years)**. If you tried any medical or educational interventions to manage the diagnosed condition during this time period, please explain what these were and how and why they had or had not helped.