CDS/SNAP Application Checklist

Only Complete Packets Are Accepted

Please fill out, check off, and attach to the front of the packet:

NAME: ____________________________________________ ______________________________________
(Please print) Last First MI

SID#: ______________________________ DATE: ______________________________

1. ___ SNAP/CDS Application Form, both sides complete, signed and dated.

2. ___ A copy of your psycho-educational evaluation report (no more than three years old) or medical documentation.

3. ___ A signed copy of your formal letter requesting alternative courses.
(The letter is needed only if you are requesting alternative courses to our math/logic or foreign language requirement.) Guide sheet is available in the SNAP office, on the website at http://disabilityservices.cofc.edu, and in the SNAP brochure.

Please place documents in the order listed in the checklist.

Thank you.