

**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.*