Request For Housing Accommodations Based On Extenuating Circumstances

I. STUDENT INFORMATION (to be completed by student) or indicate if received by  ☐ phone or  ☐ other correspondence

<table>
<thead>
<tr>
<th>Student Name</th>
<th>Student ID#</th>
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<tr>
<th>Student Contact Number</th>
<th>Student Email</th>
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<table>
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<tr>
<th>First time resident?</th>
<th>Return?</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Yes</td>
<td>☐ No</td>
</tr>
<tr>
<td>☐ Yes</td>
<td>☐ No</td>
</tr>
</tbody>
</table>

Special housing accommodations being requested: (Please describe the special needs, equipment and/or housing location)

________________________________________________________________________________

Please provide the medical or non-medical circumstances to support the requested accommodations including the medical diagnosis if applicable:

________________________________________________________________________________

________________________________________________________________________________

I, ___________________________________________ realize that all information may be shared with the Residential Life Office or other offices if indicated.

Print Name: ___________________________________ Date: ____________________________

Student Signature: ___________________________________ Date: ____________________________

II. DEPARTMENT INFORMATION (to be completed by evaluator) For Semester: __________________

Department evaluating student (check one):

☐ Health Services ☐ Counseling ☐ Financial Aid ☐ EOP ☐ FIT-ABLE ☐ Admissions ☐ Other ___________

Evaluator’s Name (please print): __________________________________

I have met with above student, and recommend the following (check one):

☐ High priority. He/She should be awarded housing accommodations before other applicants.

☐ Low priority. He/She should be given priority for housing accommodations only when other applicants with similar profiles are considered for housing.

☐ No priority. The student may have certain concerns, but because of the high criteria for special status, special consideration is not warranted.

I am making the above recommendation based upon the following:

________________________________________________________________________________

________________________________________________________________________________

Evaluator’s Signature: __________________________________ Date: ____________________________

Department Head Approval: __________________ Date: ____________________________

THIS FORM MUST BE SUBMITTED TO THE DEAN OF STUDENTS FOR FINAL APPROVAL.

Dean of Students final recommendation:

☐ Approved ☐ Not approved Signature: __________________________________ Date: ____________________________