

Student Housing Accommodation Form
To be completed by student

Student Name: _____ Date: _____

Campus Key: _____ Phone: _____

Please select:

☐ Incoming First-Year Student ☐ Transfer Student ☐ Returning Student

Select the semester(s) for which you are requesting accommodations (please note that students must confirm their housing accommodations each year and the University reserves the right to request updated documentation as necessary) ☐ Fall ☐ Spring ☐ Academic Year

1. Please describe the condition for which accommodations are being requested.

2. Please provide a description of the requested accommodation(s).

3. Please describe your functional limitations, with respect to housing in higher education.

The student agrees that information provided in relation to this request may be reviewed as necessary by appropriate University staff to determine eligibility for accommodations.

Student Signature: _____ Date: _____