



**CHRISTENDOM
COLLEGE**

Student Support Services Office
St. Lawrence Commons, Room 1
Phone: 540-551-9172
Email: maribeth.kelly@christendom.edu

Housing Accommodation Request Form

Christendom considers residential living to be an integral part of a student's development and integration with the community, and thus is committed to providing a successful residence experience for all students, including those with documented disabilities. If you have a special housing need due to a disability, a variety of accessible options are available to you. If we are unable to accommodate your disability, then you may qualify for an exception to live off campus.

Please complete this form below and submit it to the Director of Student Support Services. After reviewing the form, the Director will schedule a meeting with you to discuss your residential needs and the accommodations offered by the College. If your accommodation is approved, the Director will provide you with an eligibility letter detailing your housing accommodation plan.

Please note the following requested timeline for housing accommodation requests:

- Fall semester (returning students): April 1
- Fall semester (new students): July 1
- Spring semester (returning students): November 1
- Spring semester (new students): January 1

Please note that housing accommodations are effective for one academic year. Re-application is necessary to continue accommodations. It is the responsibility of the student to contact the Director if they feel their housing accommodation needs are not being met.

STUDENT INFORMATION: (completed by student)

Full Name _____

Date of Birth _____

Address _____

City/State/Zip _____

Home Phone _____ Cell Phone _____

Email _____

MEDICAL INFORMATION: (completed by diagnosing medical professional)

1. What is the diagnosis? When was the student diagnosed?



2. What limitations does the student face due to this disability?

3. What major life activities are limited by the impairment?

4. How does the disability affect the student's academic performance, social development, and/or level of comfort?

5. Please **attach** a prescribed housing plan with recommended accommodations.

PROVIDER INFORMATION: (completed by diagnosing medical professional)

Signature _____

Print Name/Title _____

Address _____

Telephone _____

State of License _____ License No. _____

Email _____

Once completed, please email this form to the Director of Student Support Services:
maribeth.kelly@christendom.edu

Office Use Only:

_____ Request denied (Needs met by current housing services)

_____ Accommodation Granted (listed below):

_____ Off-campus approval (Needs cannot be accommodated with on-campus housing)

Signature of Director of Residence Life Director: _____

Signature of Director of Student Support Services: _____

Date: _____