Student Please Complete

To request residence hall accommodations because of a disability, students should complete this page and your medical provider must complete the remaining pages. Requests for residence hall accommodations are granted when the student has submitted sufficient documentation demonstrating the student has a disability and the requested accommodation is medically necessary based on the current functional limitations of the disability.

This application form must be completed in its entirety before a request will be approved. Applications for residence hall accommodations should be made as soon as the student has decided to attend or continue at University of Mary. The deadline for these requests is May 15th for new students and March 1st for returning students. Applications for residence hall accommodations must be submitted each year; they do not carry forward.

Student Name _______________________________ Preferred Name ___________________ ID# __________________

Class [ ] Freshman [ ] Sophomore [ ] Junior [ ] Senior [ ] Grad [ ] Transfer [ ] Non-degree seeking

Cell Phone __________________________________________ U-Mary Email ______________________________

Date ___________________ Residence Hall _______________ Room ________ [ ] Not yet assigned

I am seeking accommodations beginning [ ] Fall [ ] Spring [ ] Summer Year __________

Requested Accommodation(s) ________________________________

________________________________________________________________________________

________________________________________________________________________________

________________________________________________________________________________
To qualify for disability accommodations at the University of Mary, a student must have a documented disability which substantially limits one or more major life activities as outlined in Section 504 of the Rehabilitation Act, the Americans with Disabilities Act as amended, and the Fair Housing Act as amended. This form must be completed by the diagnosing professional, who should not be a relative of the student.

Student Accessibility Services will use your information to determine this student’s eligibility for reasonable residence hall accommodations at the University of Mary.

**Medical Provider Please Complete**

Student’s Name: ___________________________ Date of Birth: ___________________________

Name and Credentials of Evaluator: ___________________________

Date of Most Recent Evaluation: ___________________________

Diagnosis (DSM or Medical): ___________________________

Diagnostic methodology used and specific results: ___________________________

Describe how this disability might limit the student functionally in the residence hall setting, in terms of how significantly the activity is affected by the disability, the frequency with which the activity is affected, and how pervasive the disability is in the performance of the activity.
Describe current treatments or medications and their effectiveness in relation to the functional impact of the disability. Information about any significant side effects from the current treatment or medication and its effect on physical, perceptual, behavioral, and cognitive performance is helpful.

Describe expected progression or stability of the disability including expected changes over time, information on the cyclical or episodic nature of the disability and any known suspected environmental triggers.

List recommendations for residence hall accommodations and explain how each minimizes or compensates for the functional limitations of this student’s disability.

The requested accommodation(s) is/are

_____ Medically Necessary _____ Medically Beneficial (Please check one)

Attach any additional information that verifies the functional limitations of the disability.

I certify that the information submitted represents this student’s present level of functioning.

________________________________________
Signature and Credentials

________________________
Print Name

_______________________
Date

_____________________________________
Organization (or attach business card)

_____________________________________
Organization Address

_____________________________________
Organization Phone