



Student Please Complete

To request residence hall accommodations because of a disability, students should complete these two pages and your medical provider must complete the remaining pages. Requests for residence hall accommodations are granted when the student has provided 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 _____ **ID#** _____ **Date** _____

Class Freshman Sophomore Junior Senior Grad Transfer Non-degree seeking

Cell Phone _____ **U-Mary Email** _____

Major(s) _____ **Advisor(s)** _____

Residence Hall _____ **Room Number** _____ Not yet assigned

Disabilities and Accommodations

Please list any disabilities that have an impact on your ability to use campus housing. It is necessary to supply supporting documentation for each area of disability for which you will require accommodations.

Please describe how you are affected functionally by the disabilities noted above.

Based on your documented disability and functional limitations, please describe the accommodation(s) you are requesting to receive. Accommodations may not be applied retroactively.

When are you seeking accommodations to be implemented? Fall Spring Summer Year _____

I am not seeking accommodations at this time.

I certify to the best of my knowledge that the information on this form is true and complete without evasion or misrepresentation. I understand that if found to be otherwise, it is sufficient cause for rejections or dismissal. I understand that I will need to provide supporting disability documentation to support the need for my requested accommodations. I understand that reasonable accommodations are determined after a thorough review of the provided information and an individualized, interactive intake meeting between the Coordinator of Student Accessibility Services and me.

Student Signature _____ Date _____



Medical Provider Please Complete

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.

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.

(Continued to next page)

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