



Student, Please Complete

To request authorization to bring an assistance animal to campus as an accommodation because of effects of the disabling condition, students should complete these two pages and provide appropriate documentation that an assistance animal accommodation is a **necessary** accommodation to address the current functional limitations of the disabling condition.

This application form and documentation must be completed before a request will be reviewed. Applications for an assistance animal accommodation should be made as soon as the student decides to attend or continue at University of Mary. Applications for an assistance animal accommodation must be submitted to: umaccessibility@umary.edu each year; approvals 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

Effects of the Disabling Condition and Accommodations

Please list the effects of the disabling condition(s) that impact your ability to reside in campus housing that your support animal alleviates. It is necessary to supply supporting documentation for which you will require accommodations.

Please describe how the emotional support animal will alleviate the effects noted above.

Based on your documentation please describe your plan to address the Residence Life requirements for having this accommodation. Accommodations may not be applied retroactively.

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

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 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 residential accommodations at the University of Mary, a student must experience an adverse effect(s) of a disability that is identified through a professional evaluation. This effect must substantially limit 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 evaluating 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 accommodations at the University of Mary.

Student's Name:

Date of Birth:

Name and Credentials of Evaluator:

Date of Student's Most Recent Evaluation:

Adverse effects of the disability that require accommodation(s)

Describe how the adverse effects of the disability limit the student's ability to function in the residence hall setting.

Describe/ explain how the request for an assistance animal relates to the impact of adverse effects or symptoms experienced by this student on one or more daily activities.

Describe/explain the impact the presence of an emotional support animal has on daily living activities.

What "coping strategies" have been recommended to this student previously by one or more professionals?

Describe expected progression or stability of the adverse effects of the disability including information on the cyclical or episodic nature of the disability and any known suspected environmental triggers.

In your professional opinion, what makes access to an assistance animal an appropriate recommended support strategy in this case instead of other options?

In your professional opinion, how will the student manage these symptoms in other campus settings (e.g. classroom, dining hall, etc.)?

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

Based upon your professional evaluation, the request for an assistance animal is a

_____ Necessary accommodation _____ Beneficial accommodation (*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