

Virginia State University Housing Accommodation Request Form



To have your request for a housing accommodation considered, please submit a completed application by the indicated deadline as well as complete the housing process as indicated through the Department of Residence Life and Housing.

Part I: To be completed by the student

Student Name: _____ Date: _____

V# _____ Email Address: _____@students.vsu.edu

Address: _____

Home Phone: _____ Cell phone: _____

Current Academic Level: ___ Freshmen ___ Sophomore ___ Junior ___ Senior ___ Graduate

Semester Requesting Accommodations: Fall _____ Spring _____ Summer _____

Do you have any Medical, Psychological, Physical or Disability Related Conditions that would affect your housing assignment? Yes No *(If yes, check all that apply)*

Please indicate your diagnosis/diagnoses for which you are requesting a housing accommodation:

Please check the housing accommodations being requested for the term indicated.

<input type="checkbox"/> Single Room*	<input type="checkbox"/> Wheelchair access to elevator
<input type="checkbox"/> Private/semi-private bathroom	<input type="checkbox"/> Wheelchair accessible furnishings
<input type="checkbox"/> Air conditioning	<input type="checkbox"/> Lowered shower bars
<input type="checkbox"/> ADA compliant bathroom (including roll in shower)	<input type="checkbox"/> Room with additional space for medical equipment
<input type="checkbox"/> First-floor room access	<input type="checkbox"/> Room with less allergens
<input type="checkbox"/> Wheelchair accessible dorm	<input type="checkbox"/> Lowered desk, bed, closets
<input type="checkbox"/> Proximity to buildings (specify) _____	<input type="checkbox"/> Visual doorbell (typically for students with hearing impairments)
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____

***Single room accommodations are determined on a case-by-case basis and are limited by room space availability.**

Student Name: _____

Explain how the requested accommodation(s) relates to your medical diagnosis/diagnoses or disability.

What alternatives may work in lieu of the accommodations requested?

If you are specifically requesting a single room accommodation and that request is unable to be honored, would you be willing to be placed with a student needing a similar accommodation?

Yes No

Is the accommodation for a temporary or permanent condition:

Are you requesting academic accommodations for the same term? Yes No

(If yes, please see the Student Accessibility Office for intake forms)

Important Information

Housing Accommodation Form Deadlines:

May 1st for first year and transfer students

April 5th for returning students

Housing deposit for new students or housing advance for returning students must be paid for an application to be considered.

All requests will be prioritized in the order they are received.

Applications received after the stated deadline will be reviewed based on an availability basis. All housing requests are evaluated on a case by case basis.

Students will be notified by email to the address on file with the university.

Student Certification

I have provided accurate information to be used for housing accommodations at Virginia State University. I am aware it is my responsibility to meet all deadlines and submit any required documentation.

Student Name (Print)

Date

Student Name (Signature)

V#

Student Name: _____

Part II: To be completed by the physician

Physician/Provider Name: _____

Name of Practice: _____

Title: _____

Address: _____

City, State, Zip: _____

Phone: _____ Fax: _____

Email: _____

Diagnosis/Diagnoses of Medical Condition(s), Psychological Disorder or Primary Disability

List Diagnosis/Diagnoses:

Original date of diagnosis/diagnoses:

Date of Most Recent treatment or diagnosis/diagnoses:

List medication used for treatment for the condition(s): _____

Prognosis for Diagnosis/Diagnoses:

____ Permanent/Chronic ____ 6-12 months ____ 6 months or less ____ episodic

Severity of the Condition:

____ Mild ____ Moderate ____ Severe

Please provide detailed information concerning the nature and extent of the disability:

Provide specific information on the functional limitation as related to the academic environment:

Student Name: _____

Describe the current course of treatment including medication side effects:

Please provide the prognosis for the disability:

Please list any housing accommodations you recommend for the student and give justification for each recommendation (*be specific in sharing how the accommodation(s) or modification(s) is medically necessary/required for the student to have equal access to the residence hall; and, in the case of a single room request, describe how a shared space will adversely impact the student's ability to live in the residence hall*).

In the space provided, please address the following:

If accommodations are not met, will there be a negative health impact for the student?

What other alternative to accommodations could satisfy as reasonable accommodations?

Please check which of the following major life activities is substantially limited by the disability:

<input type="checkbox"/> Seeing	<input type="checkbox"/> Eating	<input type="checkbox"/> Reading
<input type="checkbox"/> Walking	<input type="checkbox"/> Sleeping	<input type="checkbox"/> Learning
<input type="checkbox"/> Lifting	<input type="checkbox"/> Bending	<input type="checkbox"/> Thinking

Student Name: _____

Hearing
 Standing
 Working

Speaking
 Breathing
 Organizing information

Concentration
 Communicating
 Use of bodily functions

Other(s): _____

Signature below certifies records for this student are on file and the physician/provider will be available for clarification upon request.

Physician/Provider Signature

Date

Physician/Provider Name

If practice stamp is available, please place stamp in this space:

Please return all documents to:

Virginia State University
Student Accessibility Office
Memorial Hall
1 Hayden Drive
Petersburg, Virginia 23806
(804) 524-5061
(804) 524-5978 Fax
sao@vsu.edu