OFFICE OF RESIDENCE LIFE
Medical Accommodation Form

Residence life strives to ensure an equitable, inclusive, and safe living environment for all residential MSM students. We hold that campus living is an important and invaluable social experience at MSM. In order to ensure that all students can participate in the campus residential experience, as fully as possible, we provide reasonable housing accommodations to students with disabilities.

REQUIRED DOCUMENTATION
Students requesting housing accommodations must turn in this Medical Accommodation Form along with the Physician Verification Form. The Physician Verification Form will serve as documentation from an appropriately licensed professional (e.g. physician, psychiatrist, psychologist, counselor, etc.) concerning the presence of a diagnosed disability and information on its medical and/or practical relevance to the requested accommodation (i.e., relative impact, severity of symptoms, degree of impairment etc.).

Student Information

Date: ______________________________ Student ID: __________________

Name: _______________________________________________________________________

Phone #: ____________________________ D.O.B.: ____________________________

Email Address: _______________________________________________________________________

Current Standing _______________________________________________________________________

Type of Request

Please check those that apply.

_____ I am requesting medical accommodations for living in Andersen Hall

_____ I am requesting medical accommodations for the residential meal plan

Reason for Request

PLEASE DESCRIBE HOW YOUR DIAGNOSIS AFFECTS YOU AS A STUDENT:
DESCRIBE HOW YOUR CURRENT LIVING ASSIGNMENT IMPACTS YOUR DIAGNOSIS, CONDITION, OR DISABILITY

Office use only:

Date received: _____________________   Decision: _____________________
Medical docs received: ______________  Comments: ___________________
Logged in spreadsheet: __________________
Student Notified: ___________________