



**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: _____	