

**DDS Request for Housing Accommodations
Policy and Procedure
Section A (Student)**

In order to attempt to match student requests with the appropriate available university housing, members of the Office of Residential Life staff will be informed, on an as-need basis, about such requests. Written clinical documentation (MU housing provider form) specifically addressing the need for a housing accommodation **must** accompany this application. Please provide your clinician with the following documentation guidelines:

- ☐ Housing assignments are approved annually. Even if your current housing reflects consideration of your health/disability-related needs, you must apply for your housing accommodation using this process each academic year. Previous circumstances do not automatically ensure similar housing arrangements in the future.
- ☐ This request authorizes the Department of Disability Services (DDS) to contact your clinician if your documentation is insufficient or needs clarification. Your signature below signifies your understanding of the process and your obligations.
- ☐ Depending on the nature of your diagnosis/disability, all requests are reviewed by the Department of Disability Services, Office of Residential Life, or other offices as needed on a case-by-case basis.

Student Signature: _____ Date: _____

**Request for Housing Accommodations:
Section B (must be submitted with Section A)**

Name: _____ ID#: _____
Please print

Mailing address: _____

Email address: _____ Cell Phone: _____

Anticipated Year of Graduation: _____

☐ Please describe in detail your housing needs and the accommodation(s) you are requesting:

☐ Are you currently living in Monmouth University housing? Yes No

☐ Are you registered with the DDS? Yes No

For what reason? Housing Academic Meal Plan Parking

Do you have a specific roommate in mind (*roommate preference is not guaranteed*)?

If so, please list potential roommate's name here _____

Detailed documentation of your housing needs MUST accompany this application.
If the MU housing provider form is not submitted by your treating clinician(s), your housing accommodation request cannot be considered. Documentation may be faxed or mailed to the DDS office (see contact info below.)

Student Signature: _____ **Date received by DDS:** _____

Please note: This request does not guarantee a housing assignment or change in assignment. All final decisions on reasonable accommodations will be made by the Department of Disability Services for Students, Office of Residential Life, or other offices as needed on a case-by-case basis.

AT NO TIME IS A HOUSING ASSIGNMENT GUARANTEED.