

Office of Campus Life

Special Needs Based Housing Request Form

As an integral part of West Virginia Wesleyan College, the Office of Campus Life strives to enhance the greater mission of the college through student centered services and learning. We also support the College's residency requirement by striving to provide a safe, secure and well maintained environment for students.

As part of this goal, appropriate housing assignments enable students to build a foundation for good study habits and lay the foundation for building lifelong relationships. We consider requests for exceptions to the standard assignment process carefully. Exceptions to housing policies made in previous years should not be considered permanent. To assist us in fully and fairly evaluating your request, please provide the information requested in this form. All information is kept strictly confidential. If you have questions about the process, contact the Office of Campus Life at 473-8431 or at housing@wwvc.edu

Single room requests for the sole purpose of obtaining a reduced distraction study environment WILL NOT be approved. Students are encouraged to find a place outside the residence hall to study, such as the library, which is designed for these types of activities.

Due to the variety and selection of housing assignments available on campus, as well as multiple study environments, requests to reside off campus are rarely granted.

Allergies- Students eligible under the Americans with Disabilities Act will be reasonably accommodated. Students not meeting this threshold will be considered. Generally, students with seasonal allergies will not be approved, however, it is recommended that they:

- Bring and use a hepa - filter.
- Bring and use a window fan (pointed outward for exhaust).
- Bring and use an area rug or carpet (to trap pollen and prevent it from flying around the room).

Student Information (This area is to be completed by the student. Please print legibly or type.)

Name: _____ Student ID # _____

Address: _____ City, State, Zip: _____

Phone: _____ Cell: _____ Email: _____

Request is for: Fall 20____ Spring 20____

I am a: Returning Student New Student Transfer Student

I am Requesting: (check all that apply)

- a ground floor room a single room room with a private bath
- air-conditioned room* to live off campus Other, _____

**A student who needs an air-conditioned room, must live in Camden Hall or Fleming Hall.*

Do you have a Health Form on file with the College Health Center? Yes No
Special Needs Based Housing Requests cannot be processed without a Health Form on file with the College Health Center

Office of Campus Life (Office Use Only)

Is the request approved: Yes No

Can a reasonable accommodation be made on campus: Yes No

What accommodations will be made?

What will be the duration of these accommodations?

Comments:

Comments:

OCL Director Signature

Date

Personal Statement

Please attach a personal statement supporting your request. This statement should include a fuller description of your housing need; benefits if your request is granted or the consequences if it cannot be met. You will need to include alternatives to your first choice **Physician Information** (This area is to be completed by the Physician. Please print legibly or type.)

This form is to be completed in its entirety by the Physician or Medical Professional that is treating the student. The student can NOT be an immediate family member of the Physician completing this form.

Name: (print) _____ Title: _____

Certifications or Licensure Number: _____

Address: _____

City, State, Zip: _____

Phone: _____ Fax: _____ Email: _____

Diagnostic Information: (Please print legibly or type)

1. Is the student/patient currently under your care? Yes No
2. Diagnostic statement identifying the condition or disability.

3. Date of most current diagnosis: _____
4. If the student is currently undergoing medical treatment, please describe and indicate how the treatment might affect the student living in a residential facility on campus.

5. Are there any situations or environmental conditions that might lead to an exacerbation of the condition?

6. List current medication(s) related to diagnosis, impact, and adverse side effects.

7. List other treatments and/or assistive devices/services currently prescribed.

8. Major Life Activities Assessment:

Please check which of the following major life activities listed below are affected because of the condition or disability. Indicate severity of limitations.

Life Activity	Negligible	Moderate	Substantial
Talking			
Hearing			
Breathing			
Standing			
Caring for Oneself			
Reaching			
Lifting			
Sitting			
Walking			
Seeing			
Writing			
Performing Manual Tasks			
Sleeping			
Learning			
Reading			
Thinking			
Concentrating			
Memorizing			
Interacting with Others			
Other:			
Other:			
Other:			

9. Describe how this medical condition may result in specific functional limitations in a residential facility on campus (i.e., walking up stairs, cannot care for self)?

10. What is the expected duration for accommodations in a residence hall environment?

11. State specific recommendations regarding special housing accommodations for this student, and a rationale as to why these accommodations/services are warranted based upon the student's functional limitations (e.g. specific type of bathroom, must live on first floor, live off campus).

Physicians Signature

Date