Housing Accommodation Request and Agreement:
Freshmen and Transfer Students

The Purpose of Housing Accommodations
Students with disabilities and/or medical conditions that require a specific type of housing assignment to ensure good health or equal access to education may request a housing accommodation through Disability Support Services (DSS). DSS recommends housing accommodations for qualified students with documented disabilities/medical conditions to the Office of Housing and Residence Life. Housing placements are prioritized based on documented need. When possible, the preferences of the students are considered.

Please note that students who wish to live on campus must be registered for a full-time course load of 12 credits, unless alternative arrangements have been made through DSS.

Steps to receiving a housing accommodation for the 2010-2011 academic year:
- Complete online Housing Application form:
  http://www.shu.edu/offices/housing-residence-life-application.cfm
- Complete and return DSS Housing Accommodation Request and Agreement form by June 25, 2010. Students attending orientation sessions are June 25th should contact DSS directly.

Things to remember
- Students will be contacted by an administrator from the Office of Housing and Residence Life (HRL) regarding their room assignment during the summer.
- Any questions regarding costs and fees should be directed to an HRL administrator.
- Requests for accommodations are honored based on need and availability, and are not guaranteed.
- You must complete the Returning Students Housing Accommodation Request Form for housing accommodation for the following school year if you wish to live in on-campus housing.

I agree to these conditions and request that DSS submit my name to the Office of Housing and Residence Life for a housing accommodation for the 2010-2011 academic year.

Print Date
Signature

Updated January 2010
Identifying Information:
Name:__________________________________________ SHU ID: ________________
Gender:   M         F   Year of Anticipated Graduation: ________________
Phone: ____________________    Email:______________________________________
Disability/Medical condition: ________________________________________________
_______________________________________________________________________
What type(s) of accommodation is necessary to meet your needs:
________________________________________________________________________
________________________________________________________________________

Living Style Preferences
Whenever possible, living style preferences will be considered when identifying on-campus housing for students registered with DSS with disabilities/medical conditions. Please rank your preferences, starting with 1 for highest priority (2 for next highest, etc.) for those of importance to you:

Room Assignment Preferences:
____ Upper Floor  ____ Lower Floor  ____ Ground Floor
____ Single   ____ Double
____ Suite
____ Close to the bathroom
____ Close to the elevator  ____ Away from the elevator
____ Other: __________________________________________________________________

Is there a room that you feel meets your needs, if so please identify: ________________

Accommodations: To be completed by DSS Staff
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________