

Housing Accommodation Documentation: Housing requests for students with disabilities will be considered on a case-by-case basis. Documentation from your primary medical provider is required to request accommodations. Manchester University may request additional information to make an informed decision regarding a student's request. If reasonable accommodations cannot be immediately satisfied due to capacity and availability, the Housing Accommodation Committee and the Office of Residential Life will prioritize these requests before others. Housing Accommodation requests received after the deadline will be received and considered, but they may be deferred until the following semester.

**DEADLINES:** Housing accommodation submissions are due for:

Returning Students: March 25New (Incoming) Students: May 1

IMPORTANT: This form must be completed, signed and returned to:

**Mia Miller** 

**Disability Services Coordinator** 

604 E. College Avenue

North Manchester, IN 46962

FAX: 260.901.8379

Student's Name		Date
1.	What is the diagnosis/impairment?	
2.	Describe the severity of the condition.	
3.	Provide a clear description of requested housing accommodate	ion.
4.	Explanation of how the requested accommodation relates	to the impact of the condition.
5.	Impact on the student's treatment if the accommodation is not provided.	
<u>Physici</u>	an/Provider Signature and Information	
Physician/Provider's Name:		Date:
Physici	an/Provider's Signature:	
Addres	s:	
Special	ty: License/Cert. #:	State