



Disability Resource Center

Student Center Suite 246

Phone: 734.487.2470

Fax: 734.483.6515

Housing Accommodation Request Form

Student Name:		EID:	
Phone:		Email:	@emich.edu

Housing accommodations are arranged when they are essential to provide equal access to your living arrangement at EMU due to a documented disability.

What residence hall, university apartment or living community are you living in or plan to live in (if known)?

- | | | |
|---|---------------------------------------|--|
| <input type="checkbox"/> Best Hall | <input type="checkbox"/> Hoyt Hall | <input type="checkbox"/> the Village |
| <input type="checkbox"/> Brown Hall | <input type="checkbox"/> Munson Hall | <input type="checkbox"/> Walton Hall |
| <input type="checkbox"/> Buell Hall | <input type="checkbox"/> Phelps Hall | <input type="checkbox"/> 601 West Forest |
| <input type="checkbox"/> Cornell Courts | <input type="checkbox"/> Pittman Hall | <input type="checkbox"/> Westview |
| <input type="checkbox"/> Downing Hall | <input type="checkbox"/> Putnam Hall | <input type="checkbox"/> Wise Hall |
| <input type="checkbox"/> Hill Hall | <input type="checkbox"/> Sellers Hall | |

What is (are) your housing accommodation request(s)? What is the disability/condition that relates to this request?

Your information should help us understand why your accommodation request is necessary for equal access in the EMU living environment and for your campus experience overall.

This request is due to the predictable impact on the follow (check all that apply and describe):

Academic Performance:

Social Development:



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Level of Comfort:

Health:

You must provide medical and/or mental health documentation addressing the severity of your diagnoses and explaining why your accommodation request(s) are necessary. If the accommodation request(s) are not supported with a clear and convincing rationale in your supporting documentation, the DRC and Housing and Residence Life review team may deny your request(s) until further supporting medical and/or mental health documentation from an appropriate outside professional is provided.

All gathered information will be reviewed by DRC and Housing and Residence Life staff.

For DRC and Housing and Residence Life staff review only:

___ This request is not supported by a distinct diagnosis or prognosis at this time. Additional medical and/or mental health documentation is needed to further review and consider this request.

___ This request is supported by medical and/or mental health documentation. Therefore, the DRC team has approved this accommodation request.

Additional DRC notes:

DRC Staff Name and Signature*

Date