Residence Life Accommodations Request Form

Dean College is committed to the full-participation of students with disabilities in all aspects of college life, including residential and dining experiences. In accordance with Section 504 of the Rehabilitation Act and the Americans with Disabilities Act (ADA), Dean College has established procedures to ensure that students with documented disabilities have access to reasonable on-campus housing and meal plan accommodations. Virtually all student needs can be met through the standard room selection process and the standard meal plan. However, students with conditions whose needs cannot be met through this process may request special housing or meal plan consideration. Your request and supporting documentation may be reviewed by a committee consisting of any of the following representatives: the Coordinator of Disability Support Services, Director of Residence Life, Coordinator of Counseling Center and Director of Student Conduct and Community Standards.

Procedures for Requesting Residence Life Accommodations:

1. For returning students: Please refer to the Residence Life page on Today@Dean for important dates and deadlines regarding the housing selection process. For new students: Please visit Today@Dean to complete your housing application.

2. Submit the following to the Office of Disability Support Services:
   a. Accommodations and Services Intake Form
   b. Residence Life Accommodations Request Form
   c. Documentation by an appropriate health care provider. Documentation must include a statement of a student’s specific disability and establish a direct link between the underlying impairment and the requested accommodation(s).

3. The Committee will meet to review all requests and will notify students of its decision in writing. If the committee determines that student’s needs do not warrant the requested accommodation, he/she should participate in the housing lottery. Students have the right to appeal the decision to the Academic Accommodations Appeal Board.

4. Students must reapply for housing/meal plan accommodations each semester.
Student Information

Name: ___________________________ Today’s date: ___________________________
Student ID ______________________ Phone # (Cell): ___________________________
Address: ________________________________________________________________
Email: ________________________________________________________________

Current student: ☐ Freshman ☐ Sophomore ☐ Junior ☐ Senior
Prospective student: ☐ Transfer ☐ First Year
Semester requesting: ☐ Fall ☐ Spring ☐ Summer ☐ Winter Year ______

Disability-Related Information

1. Please identify your documented disability. Check all that apply:
   ☐ Learning Disability (Please specify): ☐ Neurological: (Please specify)
   ☐ Attention Deficit/Hyperactivity Disorder ☐ Communication/Speech Impairment
   ☐ Chronic Medical Condition: (Please specify) ☐ Visual Impairment or Blindness
   ☐ Food Allergy: (Please specify) ☐ Deaf or Hearing Impairment
   ☐ PDD/Asperger’s Syndrome ☐ Substance Abuse (Recovery)
   ☐ Physical/Mobility Impairment ☐ Acquired or Traumatic Brain Injury
   ☐ Psychiatric/Psychological Disability ☐ Temporary Injury/Condition
   ☐ Other: (Please specify) __________________________

2. Describe the impact of your disability on a major life activity:
   __________________________________________________________________________
   __________________________________________________________________________
   __________________________________________________________________________

3. Please list the accommodations you are requesting.
   __________________________________________________________________________
   __________________________________________________________________________
   __________________________________________________________________________

4. For returning students only: If you have a specific roommate request, please note the student’s name(s):
   __________________________________________________________________________
   __________________________________________________________________________
   __________________________________________________________________________

Student Signature: ______________________________________ Date: __________

Committee’s Decision:
Date:
☐ Approved
☐ Denied
☐ Conditionally Approved