

University of Virginia
Learning Needs and Evaluation Center
 Student Request for

Housing Accommodation for Medical Condition or Disability

TO BE COMPLETED BY THE STUDENT AND
 RETURNED TO THE
 LEARNING NEEDS & EVALUATION CENTER

Please Print or Type.

Student Name:	
Date of Birth:	
Permanent Address:	
E-Mail Address:	
Primary Phone Number:	
Alternate Phone:	
This request is for housing in the ___ Fall ___ Spring ___ Summer semester(s) of the academic year 20___ -20___.	
___ Incoming 1 st Year Student	___ Transfer Student
___ Returning Student (year _____)	___ Graduate Student
Special Student/Scholar Programs: ___ Echols	___ Other: _____

Requests for housing accommodations will need to be submitted to LNEC for each academic year or summer session. Appropriate and current documentation must be on file for consideration of each request. Students should be advised that accommodations for disability take priority over other considerations.

***We do not take requests for assignments to specific locations. Rather, the LNEC and the Housing office work together to identify housing assignments that best meet each individual's accommodation needs.**

Any information relevant to the accommodation may be reviewed by appropriate University staff in evaluation and provision of the request(s).

To be complete, requests must include the student's signature affirming agreement to these conditions and clear responses to the questions below. Requests must also be submitted in a timely fashion according to the deadlines for housing applications for each given academic term.

Returning students submit Housing applications as early as the November for the next academic year. First year room assignments begin on June 1 for the fall semester. Therefore, to ensure the best opportunity for consideration, it is imperative that students submit disability accommodations requests as early as possible, prior to June 1st for priority consideration. Preferences for specific residential areas or roommate requests may not be possible in order to meet the higher priority of accommodation needs.

Student Signature:

Date:

Please clearly describe the housing accommodation(s) you are requesting:

Modified equipment for deaf or hard of hearing persons, including TTY and fire alarms.

Wheelchair accessible dorm

Wheelchair accessible shower

Shower seat

Lowered closet rods

Avoid stairs and/or must be on lower level

Must have wheelchair access to elevator

Wheelchair accessible furnishings (i.e., desk)

Other(s):

Explain how your request relates to your medical condition or disability.

Please use the space below (use additional sheets as needed) to provide any other information that will be helpful to staff in evaluating and providing the accommodations that you are requesting. You may choose to address these questions:

1. Is impact of the condition life threatening if the request is not met?
 2. Is there a negative health impact that may be permanent if the request is not met?
 3. Is the request an integral component of a treatment plan for the condition in question?
 4. What is the likely impact on academic performance if the request is not met?
 5. What is the likely impact on social development if the request is not met?
 6. What is the likely impact on your level of comfort if the request is not met?
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Please return to:

**Debbie Berkeley
Assistant Director, LNEC
University of Virginia
Elson Student Health Center
400 Brandon Avenue
Box 800760
Charlottesville, VA 22908-0760**

Phone: (434) 243-5180

Fax: (434) 243-5188

FORMS: student request revised for housing November 2008