



Rhode Island School of Design
 Office of Residence Life
 2 College St. Providence RI 02903
 Housing@risd.edu
 Phone: 401-454-6650
 Fax: 401-454-6382

Housing Accommodation Request

Please refer to the *Housing Accommodation Policy* for the complete process for requesting specialized housing for medical, psychological and/or Disability related needs. Students must follow these procedures and provide all of the required information in order to be considered for Housing Accommodations.

Factors Considered When Evaluating Requests:

Housing assignments and the residential learning environment are integral parts of RISD programs, particularly for first year students. The submitted request and supporting documentation are reviewed carefully on a case by case basis using the following criteria. Part of the committee’s consideration is the written documentation by the treating professional. A follow-up conversation with the treating professional by the member of the Health Services and/or Counseling staff may be necessary in some instances.

1. Severity of the condition – the impact on the student if the request is not met

- Will the student be able to reside in RISD housing?
- Is the impact of the condition life threatening?
- Is there a negative health impact that may be permanent?
- Is the request an integral component of a treatment plan for the condition in question?
- What is the likely impact on academic performance?
- What is the likely impact on social development?

2. Timing of the request

- Was the request made before the deadline for housing accommodation requests for the semester in question?
- Was the request made as soon as possible after identifying the need?
 - Based on date of diagnosis, receipt of housing assignment, change in status, etc.

TO BE COMPLETED BY STUDENT

Student Name			Student ID#:		
<i>Last,</i>	<i>First</i>	<i>Middle Initial</i>			
Home Address:					
<i>Number</i>	<i>Street</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>	
RISD email address:			Cell Phone:		
Current Academic Status:					
<input type="checkbox"/> Incoming First Year/Foundation			<input type="checkbox"/> Junior		
<input type="checkbox"/> Incoming Transfer			<input type="checkbox"/> Senior		
<input type="checkbox"/> Incoming Pre-College Student			<input type="checkbox"/> Fifth Year Senior		
<input type="checkbox"/> Sophomore			<input type="checkbox"/> Graduate Student		
This request is:					
<input type="checkbox"/> A first time request			<input type="checkbox"/> A renewal of a previously granted request with changes or additions		
<input type="checkbox"/> A renewal of a previously granted request with no changes			<input type="checkbox"/> A second request for a previously denied request		

The required supporting documentation form by the treating physician (as described by the Housing Accommodation Policy):

- Is attached by email
- Is being faxed to The Residence Life Office at 401-454-6382
- Is being mailed to The Residence Life Office at:
Residence Life Office: Specialized Housing
2 College Street
Providence, RI 02903

Describe your condition or disability necessitating accommodations:

Describe your requested accommodations (this should include detailed qualities you need in a room, NOT your building preferences or personal choices):

Please explain how each requested accommodation relates to the specified disability:

Housing Accommodations for Students with Disabilities:

If the Housing Accommodation is based on a Disability as set forth by the Americans with Disabilities Act (ADA), students must be registered with Disability Support Services. Registration with Disability Support Services must be completed before deadline for Housing Accommodation submissions for approval. Please contact Brittany Boyne at (401)709-8460 or bboyne@risd.edu to discuss this process.

Please sign below, indicating that you have read RISD's Housing Accommodation Policy

Student Signature

Date