



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

Student Housing Medical Accommodation Request - Student Form

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:		
Academic Term Applying for (please fill in year):					
<i>Please choose one</i>					
___ Academic Year	_____	(e.g. 2019-2020)			
___ Winter/Spring	_____	(e.g. 2020)			
___ Spring Only	_____	(e.g. 2020)			
___ Summer	_____	(e.g. 2020)			
This request is:					
___ A first time request					
___ A renewal of a previously granted request with no changes					
___ A renewal of a previously granted request with changes or additions					
___ A second request for a previously denied request					

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 Disability Support Services at (401)709-8465 or disabilitysupportservices@risd.edu to discuss this process.

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

Student Signature

Date