



# WESTMONT

## Returning Student Housing Accommodation Request

(Please print)

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Student ID: \_\_\_\_\_ Class status at end of this semester: \_\_\_\_\_

Current housing location and accommodation:

\_\_\_\_\_

\_\_\_\_\_

Requested housing location and accommodation:

\_\_\_\_\_

\_\_\_\_\_

Please answer the following questions.

1. What are your current functional limitations imposed by the disability? In other words, list the barrier(s) due to your disability in a housing environment.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. How will this requested housing accommodation reduce your symptoms?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. Is there evidence that this accommodation has helped you in the past? If so, please describe.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. Is there any additional information you would like to share?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

5. Please list three good days/times in your schedule to meet with Sheri for a 20-minute meeting to discuss housing accommodations:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_