



**STUDENT AFFAIRS**

**OFFICE OF RESIDENCE LIFE  
Medical Accommodation Form**

Residence Life strives to ensure an equitable, inclusive, and safe living environment for all residential MSM students. We hold that campus living is an important and invaluable social experience at MSM. In order to ensure that all students can participate in the campus residential experience, as fully as possible, we provide reasonable housing accommodations to students with disabilities.

**REQUIRED DOCUMENTATION**

Students requesting housing accommodations must turn in this Medical Accommodation Form along with the Physician Verification Form. The Physician Verification Form will serve as documentation from an appropriately licensed professional (e.g. physician, psychiatrist, psychologist, counselor, etc.) concerning the presence of a diagnosed disability and information on its medical and/or practical relevance to the requested accommodation (i.e., relative impact, severity of symptoms, degree of impairment, etc.).

**Student Information**

Date: \_\_\_\_\_ Student ID: \_\_\_\_\_

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

Phone #: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

Email Address: \_\_\_\_\_

Current Standing \_\_\_\_\_

**Type of Request**

Please check those that apply.

\_\_\_\_\_ I am requesting medical accommodations for living in Andersen Hall

\_\_\_\_\_ I am requesting medical accommodations for the residential meal plan

**Reason for Request**

**PLEASE DESCRIBE HOW YOUR DIAGNOSIS AFFECTS YOU AS A STUDENT:**

DESCRIBE HOW YOUR CURRENT LIVING ASSIGNMENT IMPACTS YOUR DIAGNOSIS,  
CONDITION, OR DISABILITY

***Office use only:***

|                              |                 |
|------------------------------|-----------------|
| Date received: _____         | Decision: _____ |
| Medical docs received: _____ | Comments:       |
| Logged in spreadsheet: _____ |                 |
| Student Notified: _____      |                 |