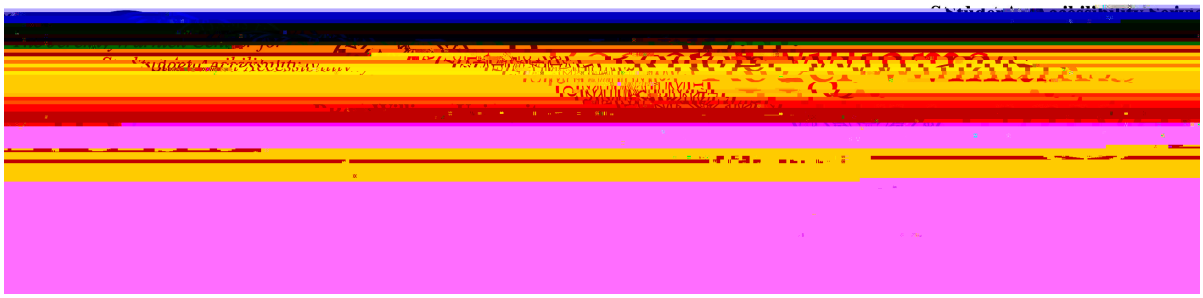

6 W X G H Q W Request for Accessible Housing Accommodations $ ' $

Accessible Housing Accommodations are provided on reasonable and appropriate L Q R U G H U IRU \RXU UHTXHVW WR EH FRQVLGHUHG Qualify the Student for Deferred 3 O H D V H Q R W H W K D W [illegible] s...

_____

Student e-mail:_____@g.rwu.edu Date of Request:_____

I am a (check one): ___ returning/current student ___ incoming first-year student

___ new transfer student ___ applying for readmission to the University

I am requesting housing accommodations for the:

___ Fall Semester ___ Spring Semester ___ Winter Intersession ___ Summer ___ Full Academic Year

___ * B V U I P S J [F N Z U S F B U J O H D M J O J D J B O T U P D P N N V O J D B U F X J U I 3 S F H B S E J O H S F R V F T U F E B D D P N N P E B U J P O T

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___ Air ___ Illumination

___ ‡ †"#$%&'(

___ Single Room (traditional style within a suite/unit; w/no kitchen or bathroom)

___ % D W K U R R P $ F F R P P R G D W L R Q B B B B B B B B B B B B B B B B B B B B B B B B B B B B

___ Dietary Restrictions (that K D Y H E H H Q G L V F X V V H G Z L W K ' L Q L Q J 6 H U Y L F H

___ Other: _____

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6h4rt%0 0 0 0 0 0 0 0 0 0 0 0 0 0 Student ID #

Student Statement: Based on my medical/physical/mental health diagnosis, I am requesting housing accommodation(s) and have checked and ranked above to allow me to fully use and participate in residential housing for the following reasons: SHDMDHMDFRIW RQFFRRQDMKFNHQERYH

_____

_____

_____

_____

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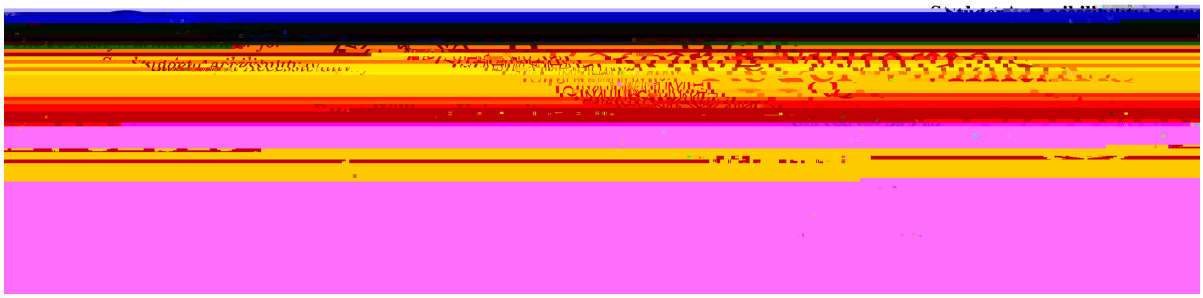
gnature: _____ **Date:** _____



7 U H D W L Q J 3 U D F W L W L R Q H U ¶ V 9 H U L I L F D W L R Q

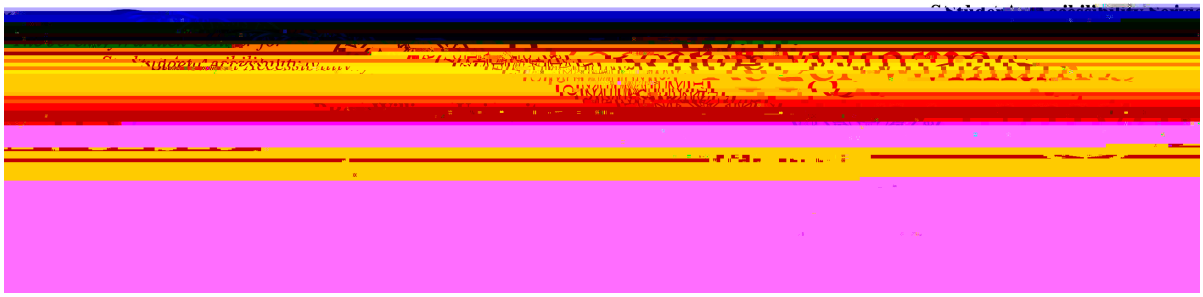
Related to Request for Accessible 5 H V L G H Q W L D O Accommodations $ ' $

Documentation D Q G S D J H V R I W K L V I R U P Should be provided by a licensed or credentialed professional with specific training or expertise related to the condition VW KDW H diagnosed. This request form must be fully legible D QFR P S OLHWHG HQ W LUHW. \ for processing.

Student Name: _____ 7 R G D \ ¶ V ' D W H _____

RWU Student ID #: _____ Class rank (F <, SO, JR, SR * 5): _____

' L D J Q R VBLVBHBV B B B



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PRINT *Title* /LFHQVH

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