

Medical Need and Special Consideration Form

Saint Anselm College Housing

Name: _____ Campus Box: _____ YOG: _____

Campus Address: _____ Cell Phone Number: _____

Email Address: _____

_____ This is my first time applying for Medical Accommodation/Special Consideration.

_____ I have previously asked for Medical Accommodation/Special Consideration.

Please indicate the specific accommodation(s) you are requesting: _____

Is all necessary documentation submitted to and/or updated with Health Services (if applicable)? Yes No

Please share any information you would like the Accommodation Review Committee to consider: _____

**Most students seek a single occupancy room due to their medical condition. However, there are some medical/special consideration requests that do not require a single room. If you have a request for a certain roommate, please indicate that below.*

Requested Roommate(s): _____

Signature of Requested Roommate(s): _____

All medical need and special accommodation requests will be reviewed by a committee comprised of administration from Health Services, The Office of Residential Life and Education, and The Academic Resource Center. This committee will also determine the placement of all students who are approved for special consideration or medical accommodation.

Please e-mail completed form to residencelife@anselm.edu