This form must be submitted with a Doctors report to Office of the Dean of Students, GSU 307, 200 Bloomfield Avenue, West Hartford, CT 06117 by April 2, 2004. Submissions received after that date will not be considered and you will then have to participate in the room selection process

University of Hartford

Office of Residential Life

Special Housing Request Form

Student Name_____

Student ID# ___ ___ ___- ___ ___ - ___ ___ ___ ___

Housing Request for Fall 2004

REQUEST FOR SPECIAL HOUSING

The information requested is to document a medical or psychological reason for special housing. Please complete this form and attach a doctor's report (a doctor's report will be necessary for special classroom accommodations also). The information will be protected as a confidential file in the Dean of Students Office. Thank you.

All students diagnosed with LD or ADD, must also submit a statement from Lynn Golden in Learning Plus approving your request.

1. Diagnosis:

2. Test/Evaluations used. Dates & Results of tests/evaluations:

3. Brief history of functional issues:

4. Present functional issues:

5. Current prescriptions and/or treatment:

6. Recommendations regarding housing needs (please provide a continuum of possibilities, if they exist):

If you have any questions, please call Susan Fitzgerald at x4260 or e-mail her at fitzgeral@hartford.edu