



## Housing Accommodation Request Form

Glenville State University is committed to the full participation of students in all aspects of college life, including Residence Life. All full time students who have earned less than 72 credit hours and are under the age of 21 are required to reside on campus in one of the College's residential living facilities so long as space is available. In certain situations, students may need to request special housing accommodations.

Prior to submitting a request, please review the Residence Life link at [Residence Life](#), this link provides a detailed description of the housing options available to students at Glenville State College. Students with documented disabilities who feel that they may have special housing needs may request a housing accommodation by following the procedure below. The submission of the Housing Accommodation Request Form and supporting documentation does not guarantee a specific request will be granted, but rather, will assist in evaluating accommodations.

### **Procedures for Requesting Housing Accommodations**

#### Students are required to:

- Meet with the Accommodations and Accessibility Counselor to discuss the accommodation request process, their needs, and possible options.
- Complete and submit a Housing Accommodation Request Form.
- Have the Housing Accommodation Documentation Form completed by their licensed/qualified medical provider
- Ensure that provider documentation is submitted to the Accommodations and Accessibility Counselor. Please note that OAAS may ask for additional information from the student and/or their practitioner.
- Submit their application/request in a timely manner.
- Request a Housing Accommodation each year.
- Forward questions regarding the process to the Accommodations and Accessibility Counselor.

#### The Housing Accommodation Review Committee

The committee can consist of members from any of the following offices: Accommodations and Accessibility Services and Residence Life.

#### The Committee:

- Will determine if additional information is needed to assess the requested accommodation(s)
- Will work with the student to determine what accommodation(s) would be appropriate to meet the student's needs
- Will promptly communicate its decision to the student in writing (or by email)

Please return completed forms to:

Academic Success Center  
Glenville State University  
200 High Street  
Glenville, West Virginia 26351  
Academic.Success@glenville.edu



## Housing Accommodation Request Form

### Student Contact Information

Name: \_\_\_\_\_  
*First Middle Last*

GSU ID: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Permanent Address: \_\_\_\_\_  
*Street City State Zip*

Local Address: \_\_\_\_\_  
*Street/Residence Hall City/Room Number State Zip*

E-mail: \_\_\_\_\_@**gsu.glenville.edu** Cell Phone: \_\_\_\_\_

Semester Requesting Accommodation: \_\_\_\_\_ Fall \_\_\_\_\_ Spring \_\_\_\_\_ Summer \_\_\_\_\_ Academic Year

### Disability-Related Information

Please specify your disability and describe how it affects you:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list the specific special housing accommodations you are requesting:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

By signing below, I acknowledge that the information I have provided in this application is accurate and true to the best of my knowledge. I understand that I must notify Accommodation and Accessibility Services in a timely fashion if I am experiencing unforeseen difficulties related to my disability. I understand that this information will be treated as confidential and used only for the purpose of determining eligibility, providing academic or other accommodations, and the administration of accommodative services.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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## Housing Accommodation Documentation Form

**IMPORTANT**

*If this form is not used, any alternate form or letter provided by the licensed clinical health care provider must contain all information included on this form.*

Print Student/Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

*This form must be completed by a licensed clinical professional or health care provider familiar with the history and functional limitations of the student. The licensed clinical professional or health care provider must be an impartial third party not employed by Glenville State University and cannot be related to the individual requesting the Housing Accommodation. If the space is not adequate, please attach additional paper.*

The above person is a current or entering student at Glenville State University and is requesting a Housing Accommodation based on medical diagnosis(es). Please respond to the following questions regarding the student’s medical diagnosis to assist Glenville State University in our response to this request.

Specific disability/disorder, including when student was first diagnosed, current symptoms, how long the condition is likely to persist:

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Identify the specific limitations/impairment caused by the disability and how the limitations/impairments substantially limit one of more major life activities for this student:

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Describe the most recent treatment recommendations along with any medications that have been prescribed. (Explain in detail how the recommendations are warranted based on the disability and/or chronic health condition.)

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\_\_\_\_\_  
Physician/Clinician/Therapist Signature

\_\_\_\_\_  
Printed Name of Physician/Clinician/Therapist

\_\_\_\_\_  
State License Number

\_\_\_\_\_  
Office Address

\_\_\_\_\_  
Date

\_\_\_\_\_  
City State Zip Code

\_\_\_\_\_  
Office Telephone

**Please note:**  
**General notes or statements without a specific diagnosis and list of necessary recommendations/accommodations will not be accepted.**

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