



**SPECIAL HOUSING ACCOMMODATION REQUESTS APPLICATION  
(Air Conditioning Request)**

*\*Please keep in mind that students that are approved for an AC unit are responsible for providing their own unit*

**For the Student Applicant:**

Thank you for your interest in our special housing accommodations process. Please complete the demographic information below and then submit this form to your medical provider for completion.

Upon completion, **the physician** should return this form to the Dean of Students Office.

Attn: Residence Life one of two ways:

- Fax: (434) 947-8298
- Scan and e-mail to: [reslife@randolphcollege.edu](mailto:reslife@randolphcollege.edu)

Special Housing Accommodations are accepted on a rolling basis. Once your form has been received, it will be reviewed by the Special Accommodations Committee consisting of the following staff members: Director of the Counseling Center, Director of the Health Center, Coordinator of Access Services, and the Director of Residence Life and Student Conduct. After the committee has reviewed your request, the Director of Residence Life and Student Conduct will be in contact with you via e-mail to let you know whether or not your request has been approved or if additional information is needed from your medical provider to make an informed decision.

**For the Student:**

***Please Print Clearly (for applicant to complete):***

Applicant's name \_\_\_\_\_ Birth Date: \_\_\_\_\_

Permanent/Home address: \_\_\_\_\_

E-mail address: \_\_\_\_\_ Class Year (check one):

- \_\_\_ First-Year
- \_\_\_ Sophomore
- \_\_\_ Junior
- \_\_\_ Senior

Semester and Year Student is Applying for Housing: \_\_\_\_\_

*Please provide information on the following (for the student to complete):*

1. How will living in a temperature-controlled environment help your overall experience at the College?



3. Last appointment date with student:
  
4. Is the condition mitigated by medication or any other form of currently prescribed treatment?
  
5. Describe the student's specific functional limitation(s) or behavioral manifestations pertaining to a residence hall setting:
  
6. Describe your professional medical recommendation(s) regarding reasonable accommodations for this student in a college residence hall with rationale to support your recommendation. In particular, please detail how the student's medical condition necessitates this particular request.
  
7. Is the condition temporary or permanent?  
If the condition is temporary, please make a recommendation for how long you'd prescribe the student to have access to the requested accommodation(s)?
  
8. Please list tests or laboratory work that support the diagnosis (attach copy)

\*Return completed form via fax or e-mail. Attn: Amanda Denny, Assistant Dean of Students: (434) 947-8298 or [adenny@randolphcollege.edu](mailto:adenny@randolphcollege.edu)

**(For Inner-Office Use)**

Date Received: \_\_\_\_\_

Confirmation E-mail with Next Steps Sent to Applicant on: \_\_\_\_\_

Date that Application was Reviewed by Accommodations Committee: \_\_\_\_\_

Qty. of Votes in Favor of Approval: \_\_\_\_\_ Qty. of Votes in Opposition of Approval: \_\_\_\_\_

Application is (check one):  Approved  Denied  Pending Additional Information

Reasoning for Decision:

Accommodations Approved in Application (check all that apply):

Medical Single     Air Conditioning Unit     Temporary Location     Other

If Other, Describe Approved Accommodation Below:

Is This a Temporary Accommodation (check one)?     Yes     No

Accommodation Expiration Date: \_\_\_\_\_

Decision E-mail with Next Steps Sent to Applicant on: \_\_\_\_\_

Accommodation Location (Residence Hall & Room Number): \_\_\_\_\_