



**SPECIAL HOUSING ACCOMMODATION REQUESTS APPLICATION  
(Medical Single Request)**

**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 medical single help your overall experience at the College?

2. Why do you believe that living with a roommate is currently not helpful to your treatment plan?
  
  
  
  
  
  
  
  
  
  
3. How will living in a medical single help your medical condition(s)?
  
  
  
  
  
  
  
  
  
  
4. How did you manage your condition in a shared space with a roommate in the past (or currently)?
  
  
  
  
  
  
  
  
  
  
5. How did you work with your roommate directly to set expectations for the shared space in order to help manage your medical condition(s)?
  
  
  
  
  
  
  
  
  
  
6. How did living with a roommate impact your ability to be successful in a residential environment?

**For the Medical Provider:**

It is important that the medical documentation be thorough and specifically address the medical necessity of the student request. (i.e. request for a medical single, for air conditioning, to live on a certain floor, etc.) A complete description of the impact on a student's ability to live in a residential setting must be provided. All documentation must be current, within the past year.

For Mental Health Providers Only:

Documentation of mental health impairments should consist of a detailed report by a licensed mental health professional (i.e. psychiatrist, psychologist, or licensed clinical social worker with



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

**(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): \_\_\_\_\_