

Beloit College

Housing Accommodation Request Form

Student Form

Beloit College is deeply committed to the full participation of students with disabilities in all aspects of College life, including residential life. Students with disabilities that require housing accommodations may communicate such needs by completing this Housing Accommodation Request form and having the relevant and appropriate medical provider or mental health professional complete the **Professional Request for Information Form**. (Both forms must be completed and submitted to Learning Enrichment and Disability Services (learning@beloit.edu) for the request to be reviewed by the housing accommodation committee)

Students Name _____ Email Address _____

1. I am (Check all that apply)

- | | | |
|---|---|--|
| <input type="checkbox"/> An incoming first-year student | <input type="checkbox"/> An incoming Transfer Student | <input type="checkbox"/> A Current Campus Resident |
|---|---|--|

2. Please indicate which of the following housing accommodations you need:

- | | |
|--|---|
| <input type="checkbox"/> Wheelchair-accessible room/building | <input type="checkbox"/> Single room |
| <input type="checkbox"/> Wheelchair-accessible shower/bath | <input type="checkbox"/> Air Conditioning |
| <input type="checkbox"/> Kitchen access | <input type="checkbox"/> Other |
| <input type="checkbox"/> Non-communal bathroom | |
| <input type="checkbox"/> Strobe alarm | |
| <input type="checkbox"/> Vibration alarm | |

Please describe specifically the need for each accommodation marked and relate it to the impact of your disability. (i.e. "Because of my disability, I easily lose my balance, so I need to be able to sit down in the shower."):

Please check the following statements that apply:

- I have read the Housing Accommodation Policy and understand the process for requesting accommodations,
- I understand that if I apply for housing accommodations after the deadline (February 15th for returners and June 1st for incoming students) I may not have my housing accommodation met.
- I understand that if I am interested in a room change during the academic year, I will be limited to available rooms that can reasonably accommodate my disability.
- I understand that specific building requests will not be considered. Rooms will be determined based on need and availability.

Student Signature _____ Date _____