## **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	nts Name Email Address	
1. I am (Check all that apply)		
<ul><li>An incoming first-year student</li></ul>	☐ An incoming Transfer	☐ A Current Campus
	Student	Resident
2. Please indicate which of the following hous	sing accommodations you need:	
<ul><li>☐ Wheelchair-accessible room/buildin</li><li>☐ Wheelchair-accessible shower/bath</li><li>☐ Kitchen access</li></ul>	_	Single room
		Air Conditioning
Non-communal bathroom		Meal plan
☐ Strobe alarm☐ Vibration alarm		Other
Please check the following statements the	at apply:	
$\hfill \square$ I have read the Housing Accomm	odation Policy and understand t	the process for requesting accommodations,
<ul> <li>I understand that if I apply for ho</li> <li>1<sup>st</sup> for incoming students) I may n</li> </ul>	_	e deadline (February 15 <sup>th</sup> for returners and June lation met.
<ul> <li>I understand that if I am interest rooms that can reasonably accon</li> </ul>		academic year, I will be limited to available
I understand that specific building availability.	g requests will not be considere	ed. Rooms will be determined based on need and
availability.		

Date

Student Signature\_\_\_\_\_