



Medical Accommodation Application

Full Name: _____ Class Year: _____

Email address: _____ Student ID: _____

Contact Number: _____ Gender: _____ Campus Box: _____

Building Preference (final decision will be based on availability/ need):

Understand that accommodations may require a student to reside in a facility that meets their need, however, we will take into consideration your interest in our various housing options/ themes:

- Greek Housing First-Year Center Residential Senior Experience
- Program Houses First-Year Living/Learning Program (FYLLP)
- International Program All Female

Students seeking a single room must either qualify under ADA guidelines for an accommodation or apply for a single room through the Housing Process held during the spring of each year. If you meet the ADA guidelines, please contact Sheila Wilson, the College’s ADA officer, to complete the appropriate documentation.

In addition to this application, you must submit the following information:

A. A written statement from the student explaining the basis for the request. Supporting Documentation of a medical or mental health basis of the request as outlined above from a primary health care provider. Please refer to the cover sheet of this application for specific information regarding supporting documentation.

“I agree to allow the necessary College of Wooster staff to review my documentation in order for my medical accommodation request to be evaluated.”

Signed: _____ Date: _____

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|------------------------------------|-------------|
| For Office Use Only: | |
| Received by : _____ | Date: _____ |
| Application Complete: yes no | |
| Accommodation: _____ _____ | |