



WESTMONT

Housing Accommodation Request

(Print)

Name: _____ Date: _____

Student ID: _____ Class status at end of this semester: _____

Requested housing location and accommodation: _____

Please answer the following questions:

1. What are your current functional limitations imposed by the disability? In other words, list the barrier(s) due to your disability in a housing environment.

2. How will this requested housing accommodation reduce your symptoms?

3. Is there evidence that this type of housing has helped you in the past? If so, please describe.

4. Is there any additional information you would like to share?

Return to ODS@westmont.edu or by uploading this document to your AIM profile.