



WESTMONT

Returning Student Housing Accommodation Request

(Please print)

Name: _____ Date: _____

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

Current housing location and accommodation:

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 accommodation has helped you in the past? If so, please describe.

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

