



New Student Application Deadline: July 15

Returning Student Application Deadline: May 15

Request for Housing Accommodation Form

Name _____
First Middle Last

UDM ID# _____ Birthdate: _____

Address: _____
Street Address City/State/Zip

Home Phone: () _____ Cell Phone () _____

UDM Email address _____

Academic Status:
Please Check all that apply

- New Student Current/Returning Student Transfer Student
 First-year Freshman Undergraduate Graduate/Professional

Academic Major or Program: _____

Describe primary disability: _____

Describe secondary disabilities: _____

Have you previously received a housing accommodations at another college or university?

Yes No

If yes, please describe the accommodations you received, and where you received them.

What type of housing accommodation are you requesting at UDM?

Describe your need for this accommodation (attach additional comments if needed).

I hereby request accommodations from the Student Disability & Accessibility Support Services Office at the University of Detroit Mercy, in doing so:

- I understand that in order to receive a housing accommodation I must have a disability that substantially limits one or more major life activities related to residential living, and that my request must be reasonable and appropriate based on the information I provide.
- I understand that I must provide documentation from an appropriate and qualified professional (**not related to you**) that describes my need for the requested accommodation, using the **“Request for Housing Accommodation Documentation Form.”**
 - For a *medical disability*, documentation must be provided by a medical doctor with an expertise or specialty in the area of your disability.
 - For a *mental health or psychological disability*, documentation relating to your need for this accommodation must be provided by a clinical psychologist who has completed an evaluation **within the last six months**.
- I understand that housing accommodations are approved on an annual basis and that I must re-apply each year.
- I understand that services of a personal nature, such as a personal aide, or individually prescribed devices such as wheelchairs, technology, or other devices or services that are not available to other students without disabilities, are my responsibility and will not be provided by the Student Disability Support Services Office or Residence Life.

Student’s Signature _____ Date _____

Please return to:

Laura M. Bagdady, M.A.
Assistant Director
Student Disability & Accessibility Support Services
Library – Room 228
4001 W. McNichols Rd.
Detroit, MI 48221