

Request for Special Housing Accommodations

Date: _____

Last Name: _____ First Name: _____

Email Address: _____ Cell Phone: _____

Identification #: _____ Class Year: _____ Date of Birth: _____

Present Assignment (if applicable) _____

Not currently in housing

Date/Semester accommodation is requested _____

Description and rationale for the accommodation requested:

Signature: _____ Date: _____

This completed application is to be returned with your Residence Hall Agreement Form to:

North Carolina Central University
Department of Residential Life
1801 Fayetteville Street, P.O. Box 19382
Durham, NC 27707

Primary Care Physician / Clinician Information

For the NCCU medical director to make any recommendations regarding special accommodations for students with documented disabilities or medical issues, Student Health Services requires a letter from a primary care physician or a clinician stating the following:

1. The student's medical diagnosis and suggested accommodation(s)
2. The student's specific functional requirements that relate to the requested medical accommodation
3. A treatment plan that includes the frequency of treatments, the frequency of medical evaluations, and the duration the accommodation
4. A statement of the role that the special accommodation will play in the treatment plan

Please have your treating doctor/specialist send this information to:

Medical Director
NCCU Student Health Service
1801 Fayetteville Street, P.O. Box 19491
Durham, NC 27707.

PLEASE NOTE - If you are requesting Special Housing Accommodations:

Before returning the above Request for Special Housing Accommodations form, copy and share the bottom half of this page with your treating physician / specialist.