

Term/Semester: Fall Spring

Name: _____ Pacific ID #: _____

Current Address: _____

Email: _____ Phone #: _____

Meal Plan Options: Platinum Meal Plan Gold Meal Plan Silver Meal Plan (If no meal plan is selected lowest meal plan will be assigned)

To be completed if you wish to request a single room based on disability related needs:

The learning environment and residential living are central to the Pacific experience, particularly for first year and second year students who are required to live on-campus. Living within the community and learning to share space while being considerate of others is part of that learning experience. **Requests for single rooms (as an accommodation) based solely on a desire to have a “quiet, undisturbed place to study” will be granted (if spaces permit) only in unusual circumstances.** By virtue of the shared facilities, resources, and number of people living under one roof, it is not likely that having a private room would provide for such quiet, distraction-free space to any appreciable degree beyond living in a standard double room. Students who make requests for single rooms solely for these reasons may be given priority on the room list in terms of attaining a single room assignment (regardless of seniority). All single rooms are offered at additional cost to the student; please refer to the rate sheet or contact Residential Life & Housing for further information. We evaluate requests for exceptions carefully.

This form serves as a request only. Although every effort will be made to accommodate your request, due to space considerations, **we cannot guarantee that your request will be granted.** RLH will request additional information if the documents provided are unclear or incomplete. It is the responsibility of the student to follow-up with the RLH Office to assure that all documentation has been received.

To aid this process you should submit:

- **Documentation** of the condition or need that is the basis of the request;

To evaluate requests based on medical, psychological or disability related conditions accurately and equitably, Pacific will need documentation. Documentation consists of an evaluation by an appropriate professional *that relates the current impact of the condition* to the request. Documentation supporting a request will be reviewed by the Office of Services for Students with Disabilities, in conjunction with Residential Life & Housing. All documentation will be held by the Office of Services for Students with Disabilities. All information is confidential and will only be shared “on a need to know basis” only.

- A **written statement** by student of how the request relates to the impact of the condition; including
 - An indication of the **level of need for the request** (and the consequences of not receiving it);
 - Possible alternatives if the recommended configuration is not possible.

I acknowledge that the information I have provided is correct and will provide additional information as requested by Residential Life & Housing.

Student Signature: _____ Date: _____

Residence Director Signature: _____ Date: _____

Evaluation of Housing Requests based on medical, Psychological or Disability Related Needs

Housing assignments and the residential learning environment are integral parts of Pacific programs, particularly for underclassmen. We evaluate all requests for need-based housing assignments carefully. Below, is a summary of the factors we consider when evaluating single room requests and other special requests.

Severity of the Condition

1. Is impact of the condition life threatening if the request is not met?
2. Is there a negative health impact that may be permanent if the request is not met?
3. Is the request an integral component of a treatment plan for the condition in question?
4. What is the likely impact on academic performance if the request is not met?
5. What is the likely development if the request is not met?
6. What is a likely impact on the student's level of comfort if the request is not met?

Timing of the Request

1. Was the request made with the initial housing request?
2. Was the request made before the deadline for housing requests for the semester in question?
3. Was the request made as soon as possible after identifying the need? (Based on date of diagnosis, receipt of housing assignment, change in status, etc.)

Feasibility and Availability

1. Is space available that meets the student's needs?
2. Can space be adapted to provide the requested configuration without creating a safety hazard (electrical load, emergency exits, etc.)?
3. Are there other effective methods or housing configurations that would achieve similar benefits as the requested configuration?
4. How does meeting this request impact housing commitments to other students?

Office Use Only:

| | |
|---|----------------|
| Received by: | Received Date: |
| Action: <input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Canceled <input type="checkbox"/> Declined | Notes: |
| New Facility/Room: | RLH Staff : |
| Move Completed: | RMS Updated: |