REQUEST FOR



REQUEST FOR HOUSING ACCOMMODATIONS

Form 1 2 To Be Completed by Student	
Student Name	MSU ID#
Permanent Address	
Cell Phone numbe <u>r</u>	
Email address	
	(semest <u>er)</u>
	sability for which you are seeking accommodations
Pleasespecifywhat accommodationsyou are rec	
Are you currently being	



REQUEST FOR HOUSING ACCOMMODATIONS

Form 3 ²To Be Completed by Medical Professional

7R FRQVLGHU WKLV VWXGHQW·V UHTXHVW IRU DQ DityF,FRPPRGDWL 0RQWFODLU 6WDWH 8QLYHUVLW\ UHTXLUHV GRFXPHQWDWLRQ RI clinical professionalor health care provider thoroughly familiar with the VWX Gcbhration and the functional limitations.

Student name	Date



REQUEST FOR HOUSING ACCOMMODATIONS

Is this requestmedically necessaryor recommended to enhance the comfort and convenience of the student? If medically necessary,				