



SPECIAL ACCOMMODATION REQUEST

To request a housing and/or meal plan accommodation(s) or appeal, please complete the attached form. As applicable, the request may be reviewed by one or more of the following offices: Academic & Accessibility Support Center, Housing & Event Management, Office of Residence Life, Dining Services, Financial Aid, and/or the Bursar's Office.

SECTION ONE- STUDENT INFORMATION

Name: _____ Moravian ID: _____

Cell Phone: _____ E-Mail: _____

Please select the type(s) of accommodation you are requesting: ☐ Meal Plan ☐ Housing

What is the primary reason for the accommodation request: ☐ Medical ☐ Financial ☐ Lifestyle

Accommodation needed for the following time period:

☐ Current Semester ☐ Current Academic Year ☐ Continuous-While Enrolled ☐ Specified Date: _____

SECTION TWO- MEAL PLAN ACCOMMODATION REQUEST

Current Meal Plan: _____ Requested Meal Plan: _____

If a student has food allergies or follows a special diet for medical, religious, or lifestyle reasons, we are happy to meet and to discuss any concerns, look at options, and determine the best solution regarding the required meal plan.

1. Please identify the reason for a Meal Plan Accommodation/Appeal:

- ☐ **Medical Accommodation:** Students living on campus with a medically documented dietary challenge, may request a meal plan change. Medical accommodations must be processed through the Academic & Accessibility Support Center in Monocacy Hall.
- ☐ **Financial Accommodation:** Students experiencing financial hardships or a change in financial status may request a change to their meal plan. The request will be reviewed by Student Accounts, Financial Aid, and Housing & Event Management before a decision is made.
- ☐ **Lifestyle Accommodation:** Students may request a change to their meal plan due to a lifestyle choice or preference (e.g. religious). The student may be asked to schedule a meeting with a member of the Dining Services team to discuss options before decision is made.

2. Please provide a detailed explanation for the request.

SECTION THREE- HOUSING ACCOMMODATION

1. Please identify the reason for a Housing Accommodation:

- ☐ **Commuter Status Request:** Requests may be considered if the student can provide appropriate documentation regarding a medical need or a change in family's financial situation. The student must plan to live with parents or legal guardians within a 50-mile radius of the College, in order to be considered for Commuter Status. Please identify the primary reason for a Commuter Status Request:
- ☐ **Medical Appeal-** Medical accommodations must be processed through the Academic & Accessibility Support Center in Monocacy Hall.
 - ☐ **Financial Appeal-** Students experiencing financial hardships or a change in financial status may request a change in housing status. The request will be reviewed by Student Accounts, Financial Aid, and Housing & Event Management, before a decision is made.
- ☐ **Residence Hall Medical Accommodation:** Students living on campus who have a medically documented need, from a licensed medical provider, may request a special housing accommodation through the Academic & Accessibility Support Center. Below are common accommodation requests, please select all that may apply:
- ☐ Air Conditioning
 - ☐ Elevator/Ground Floor Access
 - ☐ No Carpet
 - ☐ Service Animal*
 - ☐ Single Room
 - ☐ Other: _____

2. Please provide a detailed explanation for the request.

SECTION FOUR- MEDICAL ACCOMMODATION REQUESTS

If you are requesting a meal plan or housing accommodation due to medical need, you ***must*** schedule a meeting with the ***Academic & Accessibility Support Center (ASC)***. Medical accommodations are determined on a case-by-case basis through documentation review and an interactive interview process in the AASC. The AASC will determine if an accommodation is necessary and will inform the Office of Housing and Event Management.

Do not submit medical documentation to the Office of Housing & Event Management.

SECTION FIVE- SIGNATURE

Student Signature: _____ **Date:** _____

Guardian Signature (if student is under 18): _____

OFFICE USE ONLY

Academic & Accessibility Support Center

Received by _____ on _____

Office of Housing & Event Management

Received by _____ on _____