



Student Name:						
Banner ID:				Cell:		
Gender:	Male	Female		E-mail:		
Date of Birth:		Class Year:	1 st	2 nd	3 rd	4 th Or more

NOTE: To allow for processing, all materials must be submitted at least one (1) month PRIOR to the start of the semester.

We are committed to providing reasonable accommodation for students with special needs. Students with a documented short/long term medical condition may request special housing arrangements. If you have individual needs or circumstances that warrant special consideration, your request will be reviewed by university officials for approval.

Fill out this request form and attach a letter from your doctor on letterhead stating the following:

- 1. Your First and Last Name
- 2. Your Banner ID
- 3. Your specific medical condition with detailed diagnosis.
- 4. A statement from your physician indicating the **MEDICAL NECESSITY** for specific housing arrangement.
- 5. Physician's Signature.

Upon receipt of the requested information the representative of the Student Health Center will review all to determine the medical necessity of the request. The Student Health Center representative will issue a signed recommendation to Housing & Residence Live. After reviewing the SHC recommendation, the final decision will be made by the Executive Director of Housing & Residence Life.

All materials must be submitted to the Medical Records Office of the Student Health Center via email (<u>health@ncat.edu</u>) or through the US Mail (Student Health Center, 1601 E. Market Street, Greensboro, NC 27411). Please call (336) 334-7880 If you have additional questions.

Description of Special Housing Request

Single/Double Room	Refrigerator	First	First Floor Assignment		
Microwave Unit	Other				
<u>Str</u>	udent Health Center Use On	ly			
Date Received by Student Health Cent Recommendation of Student Health Ce		Approved	Denied	Referral	
Comments:					
Signature and Title of SHC Representation	tive Date				
Signature and Title of University Repre	esentative Date				