Title: Protocol for Students Requesting Special Housing Accommodations
Policy: 003

**Purpose:**
To establish College procedures for requesting Special Housing Accommodations.

**Authority, Responsibilities, and Duties:**
The decision to grant a student placement in Special Housing Accommodations for temporary or permanent disability reasons is made by the Americans with Disabilities Act Coordinator (hereinafter referred to as “ADA Coordinator”) in consult with the Assistant Director of Residence Life (hereinafter referred to as “ORL”). The Assistant Provost of Residential & Student Life (hereinafter referred to as Assistant Provost) serves as the appellate authority to decisions rendered.

**Definitions:**
1. Special Housing Accommodation Request – an official form, plus accompanying documentation provided to the Office of Residence Life that is required to be dated within 10 months of the request for a housing accommodation. It must be completed by a licensed physician or mental health professional describing the student’s medical condition and why specific housing accommodations are needed because of the medical condition.
2. Disability – a physical or mental impairment that substantially limits one or more major life activities.

**Policy Statement:**
A student may be granted Special Housing Accommodations if the College determines after reviewing the Special Housing Accommodation Request form and accompanying documentation that the specific accommodation is required to address the student’s specific situation. Students will be denied an accommodation if the College is unable to provide the requested accommodation or if the accommodation request is deemed not appropriate for the students’ specific situation.

Special housing accommodations are not automatically transferable from one academic year to the next, and a new request with updated information from a licensed physician or mental health professional will be necessary each academic year.

**Request Process:**
1. A student requesting special housing accommodations must deliver to the ORL (residencelife@rbc.edu) the Special Housing Accommodation Request form and any medical documentation/diagnose on company letterhead from the student’s licensed physician or mental health professional at least 30 days prior to the start of the semester.
2. The ORL will meet with the ADA Coordinator to evaluate the validity and practicality of the student’s request. They will make a determination to either approve or deny the student’s request based on the request form and any supporting documentation from the licensed physician or mental health professional within 7 business days from receipt of the complete request.
3. Notification of approval or denial will be sent to the student’s RBC email account within 7 business days.
4. The ORL will apply appropriate charges if the Special Housing Accommodation is approved.

**Appeal Process:**
A student may appeal a decision directly to the Assistant Provost of Residential & Student Life within 5 business days of notification of their denial. The appeal should be made in the form of a letter emailed from the students @rbc.edu account. Decisions at that level are final.

**Reversal of Decision:**
The College reserves the right to reverse an approved Special Housing Accommodation if it is determined that the student’s request was inaccurate or if the students’ condition has changed. Students who are found to have falsified documentation will be subject to sanctions by the Student Conduct Board.

**Deadline:**
Students are required to submit the Special Housing Accommodation Request form 30 days prior to the start of the upcoming semester. Decisions will be rendered within 7 days of receipt of a completed special housing accommodation request. Immediate medical changes will be handled on a case-by-case basis.

**Note:**
- Special housing accommodation request made for medical reasons should be supported by documented medical diagnoses from a licensed medical professional. Allergies, asthma, depression, and medical diagnoses treatable with medication are not normally considered a valid reason for special housing accommodations.
- Request for medical documentation must be made by the student to their healthcare provider
- Physician recommendations do not automatically result in the granting of a housing accommodation.
- Approved medical singles will be billed as a double room.
- If the College is unable to provide the service needed, the request will be denied.
- Students will have to re-apply each academic year for the special housing accommodation.
- Special housing accommodations are not retroactive and accounts will be adjusted based on the date the accommodation was approved.
- Additional documentation may be requested.
- Incomplete special housing accommodation requests will be denied.

Approved: ☐

__________________________________________________  ______________
Corey Scott, Ed.D  
Assistant Provost, Residential & Student Life  

__________________________________________________  ______________
Donald S. Payton, M.Ed.  
Deputy ADA Coordinator
Special Housing Accommodations Request Form

Student Name: ________________________________  Student R#: ______________

Cell Phone: _______________  RBC Email: ________________________________

Status: □ Freshman □ Sophomore  Effective Term of Request: □ Fall ____  □ Spring ____

Licensed Physician or Mental Health Professional Name: __________________________

(Print Name)  Phone: __________________________

Impairment Information

1. Please identify the student’s documented impairment.

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2. Describe the impact this impairment has on the student’s major life activity and how the requested accommodation will assist.

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3. What specific housing accommodation is being requested for the student:

□ De-bunked bed  □ De-lofted bed  □ Single room  □ Lower floor room

□ Other: ________________________________

Student Signature: ________________________________  Date: ______________

Licensed Physician or Mental Health Professional: ________________________________

Signature/Date

<table>
<thead>
<tr>
<th>Decision:</th>
<th>Approved</th>
<th>Denied</th>
<th>Request for Additional Information</th>
<th>Date: ______________</th>
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Initials: Assistant Director of Residence Life __________  Deputy ADA Coordinator __________