



Housing Accommodations Request for Students with Disabilities

Bob Jones University makes every attempt to find reasonable accommodations for those conditions that are covered under the Americans with Disabilities Act (ADA) as amended in 2008 and Section 504 of the Rehabilitation Act of 1973. Requests are reviewed and determined on a case-by-case basis based upon the documentation and information received.

BJU is committed to providing reasonable accommodations to qualified students who have a documented need for such accommodations. In order to qualify for housing accommodations, the following form must be completed by a student (page 2) and his or her medical provider (pages 3–4).

All documentation will be kept confidential in accordance with guidelines set forth by FERPA. When supplying documentation, please consider that it should:

1. Clearly identify the disability or condition.
2. Include methods used to assess the condition.
3. Describe current levels of functioning and any physical limitations.
4. Provide description of any progression of the condition.
5. Include a summary of past accommodations and assistance, if applicable.
6. Supply recommendations from previous professionals, if applicable.

Requests for disability-related housing accommodations will be reviewed by a Student Development & Discipleship staff member. The following factors will be considered when reviewing requests:

1. Is the impact of the condition life threatening if the request is not met?
2. Is the request a necessary and integral component of a treatment plan prescribed by a medical professional for the condition in question?
3. Is space available to meet the student's need?
4. Can space be adapted without creating a safety hazard?
5. Are there other effective means that would achieve similar benefits as the requested accommodation?
6. How does meeting the documented need impact housing commitments for other students?
7. Is the cost of meeting the need prohibitive?
8. Was the request submitted by the deadline?

A request for reasonable accommodation may be submitted at any time, but for housing preferences to be considered for assignment, the following deadlines apply:

Fall Semester: June 1 **Spring Semester:** November 15

An application that is incomplete or received after the deadline may result in a housing assignment that does not meet the applicant's request or that does not grant any student-to-student requests.

Once a determination is made concerning accommodations, it will be effective immediately, and written notification will be sent to the applicant. This notification (page 5 of this document) should be reviewed and signed by the applicant and then returned to the Student Development & Discipleship Office by mail or fax.

Students approved for housing accommodations may meet with a Student Development & Discipleship staff member annually to renew their requests. All questions regarding this application process or accommodations should be directed to the Student Development & Discipleship Office.

Any residence hall student currently enrolled at BJU who believes he or she has been discriminated against or harassed on the basis of disability may use the BJU Disability Grievances and Complaints Policy and/or file a formal discrimination complaint pursuant to the BJU Discrimination and Harassment Policy.

STUDENT INFORMATION — completed by student

Student Name _____ BJU ID _____
Date of Birth _____ Gender Male Female
Home Address _____ Local Address _____
Home Phone _____ Local Phone _____

I authorize Bob Jones University to **receive** information **from** the provider below. I also authorize my provider to discuss my condition(s) with the appropriate Bob Jones University personnel on an as-needed basis.

Provider name _____
Address _____
City _____ State _____ Zip _____
Phone number _____

Student Signature:	_____	Date:	_____
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REQUIRED

I have read the Instruction page of this document, and understand that the determinations will be effective immediately. If I am submitting my request **after** the deadline date, I understand that the following may occur:

1. My student-to-student requests or residence hall preferences may not be considered
2. If room assignments have already been posted on StudentCentral, I will be moved to a room that will meet my medical need without my prospective or current roommate(s).
3. If I am interested in a room change, I will be limited to rooms that can accommodate my medical need.
4. I understand that once a determination is made, it will be effective immediately.

Student Signature:	_____	Date:	_____
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OPTIONAL

I authorize Bob Jones University to **discuss** my medical information, accommodation request for housing and room assignment with the following person(s) on my behalf.

Name _____ Relationship to Student _____
Address _____ Phone Number _____
City _____ State _____ Zip _____
Phone number _____

Student Signature:	_____	Date:	_____
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STUDENT HEALTHCARE SECTION — completed by healthcare provider

Student Name _____ BJU ID _____

To properly evaluate how Bob Jones University can best meet the student’s need for reasonable accommodations in University housing, the University requires specific diagnostic information from a licensed clinical professional or healthcare provider that is familiar with the history and functional limitations of the student’s physical condition(s).

The provider completing this form **cannot** be a relative of the student. **The provider should respond to all questions with detailed information.** Additional related information may be attached. Illegible forms may be returned.

1. **State the specific housing accommodations(s) that you believe this student requires:**

2. **Describe how the student’s medical condition necessitates/warrants this accommodation request:**

3. **Date of the last attended appointment with you:** _____

4. **How long have you directly treated this student for his/her condition(s)?** _____

5. **How long is the student’s medical condition likely to persist?**

HEALTHCARE PROVIDER INFORMATION — completed by healthcare provider

I am verifying that the named student information is correct, that the student is a patient whom I have been treating, and that **I am not a relative of the student.**

Provider name _____ License Number _____

Provider degree _____ State _____

Address _____

City _____ State _____ Zip _____

Please explain your qualifications to provide a recommendation for a housing accommodation for this student:

Provider Signature:

Date:

COMPLETED FORM SUBMISSION

The completed Request for Reasonable Accommodation in University Housing should be submitted to:

Student Development & Discipleship
Bob Jones University
1700 Wade Hampton Blvd
Greenville, SC 29614

(864) 241-1647
(864) 770-1309 fax
StudentLife@bjv.edu

- Yes, based on the medical documentation submitted and the available housing options, this student qualifies for reasonable accommodation, as outlined below.
- No, after reviewing the medical documentation and the available housing options, Bob Jones University is unable to provide the requested accommodation for the reasons outlined below.

Explanation of University's determination:

Explanation of student's obligations:

Approved By:		Date:	
Student Signature:		Date:	