

**Health Needs Appeal for Priority Main Campus Housing Assignment
2009-2010 Academic Year**

Student Name: (Print) _____ L#: _____

Longwood E-mail: _____@live.longwood.edu Telephone: (____)_____

Enrolled continuing students that have a health condition or a medical treatment plan which requires special consideration for a main campus assignment should complete this appeal form. Health appeals must be submitted annually in order to be considered prior to the residence hall assignment process. Submitting a written appeal does not automatically guarantee that requested accommodations will be available.

The deadline is 5:00pm on Tuesday, March 17, 2009. Late requests will not be accepted.

Directions: **Section I** should be completed by the current treating physician of the Longwood student.
 Section II should be completed by the enrolled student.

SECTION I – Completed by Physician

1. Diagnosis of health need(s)

2. Specific limitations requiring special housing

3. Current treatment that has an impact on housing placement.

4. The health need above is:
 - Permanent/Chronic
 - Long term/6-12 months
 - Short term/Temporary, 6 months or less (expected duration: _____)

5. How is the requested special housing an integral component of a treatment plan for the condition in question?

I, the undersigned, certify that this student is currently under my care.

Physician's Signature

Date

Name (please print) and title

Agency, Address, Telephone

SECTION II – Completed by Student

1. What health need appeal are you making for your housing assignment for the 2009-2010 academic year?

Under the Longwood University Honor Code, I pledge that this provided information is complete and accurate.

Student Signature

Date

Return completed form to:

Assistant Dean for Student Affairs Office

C/o Anita Harris

Lancaster G28A

201 High Street

Farmville, Virginia 23909

FAX: 434-395-2347 (Please address cover sheet to the attention of Anita Harris.)

TELEPHONE: 434-395-2487

For Health Needs Committee Use:

Date of receipt: _____

Date of review: _____

Committee decision:

- Approve appeal
- Deny appeal

Justification:

Date of notification of RCL _____

Date of notification of student _____