

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/Clinician's Signature

Date

Name (please print) and title

Agency, Address, Telephone

SECTION II – Completed by Student

1. What health need request are you making for your housing assignment for the 2011-2012 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:

Associate Dean of Students and Residential and Commuter Life
c/o Tracey Jarrett (Lancaster G-13)
201 High Street
Farmville, VA 23909
RCL Phone: (434.395.2080) Fax: (434.395.2347)
ADOS Phone: (434.395.2485) Fax: (434.395.2347)

For Health Needs Committee Use:

Date of receipt: _____

Date of review: _____

Committee decision:

- Approve
 Deny

Justification:

Date of notification of RCL _____

Date of notification of student _____