



Housing Accommodation Approval Process

1. Students may apply for housing accommodations due to a documented disability or medical condition. This may include but is not limited to: single room, accessibility needs, kitchen or bathroom access.
2. Students must submit the Housing Accommodation Application to Accessibility Services prior to the deadline:
 - a. Returning students: March 1
 - b. Freshman or Transfer students: June 1
3. Priority is given to students who complete their forms by these deadlines. Requests made after the deadlines will be reviewed for eligibility and then wait-listed, pending space availability.
4. Students must provide supporting documentation that establishes their need for accommodated housing:
 - a. Completed Housing Accommodation Application
 - b. Medical Verification Form and Letter
5. Once all documents are submitted to Accessibility Services, they will be reviewed. An intake meeting may be needed based on the information provided. The student will be notified when a determination has been made.
6. Requests may be denied if adequate information has not been provided. If a student wishes to appeal a denial, they may do so in writing within 5 business days of receiving their determination notice. Written appeals must be submitted to the Director of Accessibility Services by emailing accessibility@marietta.edu.
 - a. Appeals must state one of the following specific reasons for reconsideration:
 - i. New information that was not available at the time of the initial review; or
 - ii. A procedural error that unfairly affected the process
7. If a student receives approval (full or partial) but does not wish to accept the offered accommodation, they must sign an Accommodation Waiver Form. Students will then need to participate in the housing selection process.
8. Students are not guaranteed housing accommodation approval despite completing the required steps.



Housing Accommodation Application

Student Name: _____

Student Number: _____

Term applying for: _____

Describe the housing accommodation you are requesting:

Explain why this accommodation is necessary, based on your disability:

Signature

Date

The following page must be completed by your health care provider and submitted to Accessibility Services before your request will be reviewed.



Medical Verification Form – Housing Accommodation

Student Name: _____

Before a housing accommodation request will be reviewed, this form must be filled out by a physician, therapist, or other medical professional who is a) actively treating the student, b) not a member of the student's family, and c) licensed in Ohio or the student's home state. Letters from the Center for Health and Wellness at Marietta College will not be accepted.

To support this student's request, please provide a letter on official letterhead with complete responses to the following:

1. Does this student have a diagnosed disability? If so, please provide detailed information regarding how it may impair this student's ability to access and participate in campus housing as compared to a non-disabled individual.
2. Please describe your relationship with this student and how long you have been treating them for the previously mentioned diagnosis.
3. Does this student require ongoing treatment for this diagnosis and will you be providing that treatment?
4. Please describe which symptoms will be reduced by having the requested housing accommodation.
5. Please identify any other accommodations that may be equally effective in allowing the student to access and participate in campus housing.

Please return this form and letter to the office indicated below. It may be mailed, emailed, or sent in a sealed envelope with the student. If additional information is needed, you will be contacted. Thank you for your assistance.

Provider Name: _____

Provider Signature: _____

License #: _____ State: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Return to: Lindsay Morgan, Director of Accessibility Services
215 Fifth St. Marietta, OH 45750
Email: LMM009@marietta.edu