Winthrop University considers residential life an integral part of a student’s development and the educational experience. Living on campus creates an opportunity to establish lifelong friendships, to participate in exciting activities, and to feel truly connected to the University.

In compliance with Section 504 of the Rehabilitation Act and the Americans with Disabilities Act (ADA), Winthrop University provides reasonable housing accommodations to students with disabilities. The ADA defines a disability as a mental or physical impairment that substantially limits the individual in a major life activity. Housing accommodations are provided on a case-by-case basis, according to the documented need, and prevailing standards for reasonable accommodations.

**Procedures:**

1. All students must follow general procedures to request on-campus housing, including relevant applications through the Department of Residence Life.

2. Students requesting housing accommodations must submit a completed “Request for Housing Accommodation Form” (attached) to the Office of Disability Services (ODS), 1st floor Crawford Building. This form includes a section that is completed by the student and a section to be completed by a licensed medical professional who is involved in the direct treatment of the student.

**Requests for housing accommodations must be submitted by May 15th for the fall semester and December 1st for the spring semester. Requests for accommodations received after the deadline will be considered on the basis of availability.**

3. Requests will be reviewed by the Housing Accommodation Committee (the “Committee”), which is comprised of staff from the Office of Disability Services, Health Services, and Counseling Services. The Committee will take into account the student’s diagnosed disability, the necessity of the requested accommodation, potential alternatives, and what, if any, housing accommodations would be reasonable and appropriate when making decisions about needed accommodations. The Committee meets regularly.

4. Once a decision is made, students are notified of the status of their request. The Committee also notifies appropriate personnel in the Department of Residence Life of the status of the student’s request, including specific information about needed accommodations.

**Note to students:** If you are receiving scholarships as an athlete and/or academic scholar and requesting an off-campus accommodation, talk with your athletic coach and/or a representative in the Office of Financial Aid to determine how such an accommodation might impact your scholarship eligibility.
REQUEST FOR HOUSING ACCOMMODATION FORM

To be completed by student. (Please print clearly)

Date: ________________________

Student Name: ___________________________ Winthrop ID #: ___________________________

(Last First MI.)

Date of Birth: ________________________ Gender: __________________

E-mail Address: ___________________________ Phone Number: ___________________________

Classification: ▲ Freshman (0-23 credit hours) ▲ Sophomore (24-53 credit hours)
               ▲ Junior (54-86 credit hours) ▲ Senior (87 or more credit hours)

Requesting accommodation for: ___Fall ___Spring ___Summer Academic Year: _____________

In which residence hall(s) have you previously lived? _______________________________________

Please list the housing accommodation(s) you are requesting and explain why the accommodation(s) would be appropriate:

__________________________________________________________________________________

__________________________________________________________________________________

__________________________________________________________________________________

I have documentation on file in ODS supporting my specific housing needs: ___ Yes ___No

Student Authorization to Release Information

I acknowledge that an exchange of information may need to take place between the licensed clinician/medical professional noted in my documentation, Health & Counseling Services, including the Office of Disability Services, Residence Life, and/or other University staff. I give my permission for such communication when necessary.

Name of Licensed Professional/Agency: _____________________________

Address: _____________________________

Phone Number: _____________________________

Student Signature: _____________________________ Date: _____________________________

Office Use Only: Date Received: _________________ Approved ___Denied

Date student notified: _____________________________

Health & Counseling Services · Division of Student Life · Winthrop University
REQUEST FOR HOUSING ACCOMMODATIONS FORM

Student Name: _________________________________________ Winthrop ID #:________________

(Last                                       First                                       MI.)

To determine eligibility for housing accommodations, students must provide current and comprehensive
documentation of the disability or medical condition from a licensed clinician or medical professional. This
individual must be involved in the direct treatment of the student and have a current and established relationship
with that student.

Note: Winthrop University’s housing policy states that all newly admitted first year students (entering with less
than 24 credit hours) and second year students are required to live on campus.

To be completed by the licensed clinician/medical professional. (Please print clearly)

Is the student currently under your care: ___ Yes ___ No

Specify current disability/medical condition: ______________________________________________

Level of Severity: ___Mild ___ Moderate ___ Severe

Duration: ____Temporary ____Permanent ____Chronic/Recurring

Date of initial diagnosis: _______________________

Date of initial contact with student: ________________

Most recent contact with student: ________________

If the accommodations are requested due to asthma or allergy related concerns, please specify environmental
triggers, frequency of attacks and diagnostic testing that has been completed to determine diagnosis and severity
of condition.

____________________________________________________________________________________

____________________________________________________________________________________

Describe the current impact of the condition and the probable impact on the student’s living situation.

____________________________________________________________________________________

____________________________________________________________________________________

Describe the effectiveness of treatments, medications, devices, or services currently prescribed or used to
minimize the impact of the condition.

____________________________________________________________________________________
Please identify the specific housing accommodations needed based on the functional limitation(s) caused by the student’s disability/medical condition.

___ Wheelchair accessible residence hall room
___ Grab bars
___ Hand-held shower nozzle
___ Shower seat
___ Shower transfer bench for wheelchair users
___ Visual warning alarms for deaf/hard of hearing students
___ Access to elevator
___ Limited stairs/Lower level
___ Lowered closet rod
___ Close to bathroom
___ In-room private bath
___ Single room
___ Other: ________________________________

If recommending a single-room accommodation or off-campus housing, is this accommodation medically necessary for the student? Please explain in detail:

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Explain how the requested accommodation(s) will be important to the student’s treatment plan.

______________________________________________________________________________
______________________________________________________________________________

Describe possible alternatives that could be considered if the preferred accommodation is not available.

______________________________________________________________________________
______________________________________________________________________________

Provider Signature: ___________________________ Date: ________________
Provider Name (print): _________________________________
License #:________________________ State: _________________
Address: _______________________________________________________
Phone: __________________________ Fax: ____________________________

Please submit documentation to:
Office of Disability Services
Winthrop University
1st Floor, Crawford Building
Rock Hill, SC 29733
Phone: 803-323-3290
Fax: 803-323-4585

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