Rutgers University provides reasonable on-campus housing accommodations to students with documented disabilities. Students requesting housing accommodations must submit the attached Disability Accommodation Request Form (DARF) to the Coordinator for Student Support. Applications are reviewed by the appropriate medical, psychological, and/or professional staff. When a request is processed, the student will be notified of its status and if approved, an appropriate housing assignment based on vacancies available in housing at that time. **Campus and building preferences are not guaranteed, but will be considered based on availability.**

**Recommended Timeline for Submitting a Request**

**NEW RUTGERS UNIVERSITY STUDENTS:** New students to Rutgers should submit the DARF as soon as they apply for Housing in early spring semester. Students should aim to have completed and submitted their forms by the first day of June prior to the fall semester for which they want accommodations on campus. The earlier requests are made, the more options there are to accommodate student needs (applications are received as early as February and assignments are offered on a first-come, first-served basis).

**CURRENTLY ENROLLED STUDENTS:** Continuing students should submit the DARF as soon as they know they need accommodations. The Housing Lottery begins at the start of spring semester for the upcoming year; students whose requests have been received and approved before this time will have many more housing options available to accommodate their needs.

Once an application is received, students will generally receive a response within 30 business days with one of the following application statuses:

1. **Application Approved:** when a student’s request for accommodations has been approved pending a vacancy. Students currently living in housing and requesting an immediate change, will be informed of a specific housing assignment, or of the anticipated wait time until such a vacancy may arise. Students requesting accommodations for the upcoming school year, will receive their assignments when all students are notified of placement;

2. **More Information Needed:** when a student’s request for housing accommodations cannot be approved as more information is needed to substantiate the need for accommodations; or

3. **Application Not Approved:** when a student’s request for housing accommodations as documented does not qualify him or her for special housing accommodations.

**In order to receive a housing assignment, all students must get a lottery number and make sure to complete a housing contract online at:**

[http://housing.rutgers.edu/ruoncampus](http://housing.rutgers.edu/ruoncampus)

Students should allow adequate time for application review and housing assignment. Questions regarding the Disability Housing Accommodation process should be directed to Joan D'Orvilliers in Residence Life at 732-932-4371.
## DISABILITY ACCOMMODATION REQUEST FORM (DARF)

### PART I: TO BE COMPLETED BY STUDENT

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Email Address</th>
<th>Alternate Email Address</th>
<th>Home Phone</th>
<th>Cell Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**RUID:** _______________________________________

**Semester Requesting Accommodations to Begin**
(please state academic year and semester, e.g. Fall ’09):

- [ ] Immediately (students currently living in housing)
- [ ] Fall ‘____
- [ ] Spring ‘____
- [ ] Summer ‘____

**Classification:**

- [ ] Incoming First Year
- [x] Continuing Student
- [ ] Incoming Transfer
- [x] Graduate Student

**Campus Preference**
(Please rank. While we cannot guarantee campus preference, we will take it into consideration):

- [x] Busch
- [ ] Cook/Douglass
- [x] College Avenue
- [x] Livingston

**Requested:** _______________

---

### College/Affiliation/Special Programs

(check all you are currently affiliated with)

- [ ] Douglass Residential College
- [ ] Engineering
- [ ] Mason Gross
- [ ] Pharmacy
- [ ] School of Arts and Sciences
- [ ] School of Environmental and Biological Sciences
- [ ] Special Interest/Living Learning (specify) _______________
- [ ] Other _______________

1. I am requesting (check all that apply – add additional pages for documentation if necessary):
   - [ ] Wheelchair Accessible Room/Building
   - [ ] Air Cooling
   - [ ] No Carpeting
   - [ ] Single
   - [ ] Reduced Access to a Bathroom
   - [ ] Other (Please specify: _____________________

2. Relevant diagnosis (disability or chronic medical condition):

   ____________________________________________

3. How do you anticipate managing your symptoms in other campus settings (e.g. classrooms, dining halls, libraries, etc.)?

   ____________________________________________________________________________________
   ____________________________________________________________________________________
   ____________________________________________________________________________________

4. Explain how the accommodations you are requesting will impact your current symptoms.

   ____________________________________________________________________________________
   ____________________________________________________________________________________
   ____________________________________________________________________________________

5. Please list below the health care professional(s) you are authorizing to provide us with information about you for consideration by the Housing Disability Documentation Review Committee:

   **Name of Provider:** ____________________________
   **Telephone #:** ____________________________

   **Name of Provider:** ____________________________
   **Telephone #:** ____________________________

---

_But my signature, I give my consent for the Disabilities Documentation Review Committee to contact my treating professional for additional information as needed._

**Student’s Signature:** ____________________________
**Date:** ____________________________
PART II: TO BE COMPLETED BY HEALTH CARE PROFESSIONAL\(^1\)

1. What is the student’s relevant medical diagnosis? ________________________________________________
   Date of diagnosis: ______________________ Last office visit: _____________________________
   The condition is: ___ permanent ___ temporary (anticipated duration ________________________)
   Prescribed medication(s) (indicate dosage): ________________________________________________
   ____________________________________________________________________________________

2. Please describe the type, severity, and frequency of symptoms currently experienced by the student and how the
disability interferes with one or more major life activities.
   ____________________________________________________________________________________
   ____________________________________________________________________________________
   ____________________________________________________________________________________
   ____________________________________________________________________________________
   ____________________________________________________________________________________

3. Please describe the desired housing accommodations and explain how the request relates to the impact of the
condition:
   ____________________________________________________________________________________
   ____________________________________________________________________________________
   ____________________________________________________________________________________
   ____________________________________________________________________________________
   ____________________________________________________________________________________

4. How will the student manage these symptoms in other campus settings (e.g. classrooms, dining halls, etc?).
   ____________________________________________________________________________________
   ____________________________________________________________________________________
   ____________________________________________________________________________________
   ____________________________________________________________________________________
   ____________________________________________________________________________________

5. Please indicate how this student may be at risk during an emergency evacuation (e.g. fire): _____ N/A
   ____________________________________________________________________________________
   ____________________________________________________________________________________

Health Care Professional’s Contact Information

Please place physician’s stamped contact information here

Signature: ____________________________ Date: ____________________________

My signature verifies that I am the treating professional and that the contents are accurate.

\(^1\)The health care provider completing this form should not be a relative of the student.

You can submit request forms via fax c/o Jennifer Frost at 732-932-4377 or via USPS to Residence Life, ASB III,
Rm. 130 c/o Jennifer Frost, 3 Rutgers Plaza, Cook Campus, New Brunswick, NJ 08901.