Special Housing Requests at Rutgers

Residence Life, in conjunction with Rutgers, The State University of New Jersey, is committed to providing an equal educational opportunity and to supporting the full participation of all students in our campus community. We value the ideals of diversity in our campus communities and promote the inclusion and accommodation of the various needs of our students as they come to stay with us on campus. We do not discriminate on the basis of race, ethnicity, gender, sexual orientation, physical or mental ability, religion, age, or social class in any University programs or activities. We prohibit harassment of our community members.

Within the residential setting, Residence Life attempts to meet the wide range of student needs, which may include, but are not limited to those related to physical ability, gender identity or expression, medical conditions, campus placement, etc. Accommodations that may be approved for students include wheelchair accessible rooms, reduced access bathrooms, gender neutral bathrooms, air-cooling, and single rooms.

In order to provide support to students who need special accommodations, students must inform Residence Life of the nature of their request. Staff will not ask for more information than is needed to adequately review a request and all disclosed information will be kept as confidential as possible. Recognizing that students are not all alike, and have different needs and desires, Residence Life addresses each request on an individual case-by-case basis.

Priority will be given to students who notify Residence Life of their request in a timely manner, particularly by June 1st of the year prior to the academic year for which the accommodation is being requested. Continuing students who find themselves in need of a special housing assignment should submit the request as soon as they are aware of their need for an accommodation. Priority will be given to those received before the Housing Lottery beginning approximately on January 1st of each year. In addition, students must ensure that they have completed their Housing Application simultaneously, as well as met any payment deadlines.

If you would like to submit a Special Housing Request, you must submit a Special Housing Request Form as specified below. Your application will be reviewed, and if approved, we will determine an appropriate assignment based on availability in housing. Applicants with questions or concerns about living on campus on the New Brunswick should contact Joan D’Orvilliers at 732-932-4371.

Special Housing Request Forms should be submitted via fax or mail:

**Fax:**
c/o Jennifer Frost
Fax: 732-932-4377

**Mail:**
Residence Life, ASB III
c/o Jennifer Frost
3 Rutgers Plaza
Cook Campus
New Brunswick, NJ 08901
SPECIAL HOUSING REQUEST

Last Name: ___________________________________  Email Address: @eden.rutgers.edu
First Name:___________________________________  Alternate Email Address:
RUID: _______________________________________

Home Phone: _________________________________  Cell Phone: _________________________________

Semester Requesting Housing: (Year and Semester, e.g. Fall ’10):

___ Immediately (students currently living in housing)
___ Fall ‘____  ___ Spring ‘____
___ Summer ‘____

Classification:

___ Incoming First Year    ___ Continuing Student
___ Incoming Transfer     ___ Graduate Student

College/Affiliation/Special Programs
(check all you are currently affiliated with)

___ Business
___ Douglass Residential College
___ Engineering
___ Mason Gross
___ Pharmacy
___ School of Arts and Sciences
___ School of Environmental and Biological Sciences
___ Special Interest/Living Learning (specify) _____________
___ Other __________________

Campus Preference (Please rank. Preference will be taken into
consideration based on availability):

___ Busch       ___ College Avenue
___ Cook/Douglass ___ Livingston

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
___ Gender Neutral Bathroom
___ Other (Please specify: ___________________________

2. Describe the reason for your request (relevant personal issue or diagnosis):

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

3. Explain how the housing you are requesting will impact your current situation.

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

4. Do you require consideration beyond the residence hall (ie – academic accommodations, transportation, etc.)?

_____ Yes  _____ No

________________________________________________________________________

Students requesting accommodations based on a medical condition should have their health care professional complete the
next page of this form. Students making non-medical requests can provide a letter of support at their own discretion.
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.
                                                                                               
                                                                                               
3. Please describe how the desired housing accommodations relate to the student’s condition:
                                                                                               
                                                                                               
                                                                                               
4. Please indicate how this student may be at risk during an emergency evacuation (e.g. fire): _____ N/A
                                                                                               
                                                                                               
                                                                                               
Health Care Professional’s Contact Information
Name of Provider: ______________________________           Telephone #: ____________________________
                                                                                               
                                                                                               
 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.

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

By my signature, I give my consent for Rutgers Residence Life or Health Services to contact my
treatment provider for additional information as needed.

Student’s Signature:____________________________ Date:  _____________________

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