



Request for Special Housing Arrangement

Student Name: _____ UB ID#: _____

Email: _____@Bridgeport.edu Phone: (____) _____ - _____

NOTE: All written communication will be conducted through the @my.bridgeport.edu email address.

NOTE: To allow for processing, all materials must be submitted at least one (1) month PRIOR to the start of the semester.

Students with a documented short/long term medical condition may request special housing arrangements based on their condition. These requests may relate to having special room assignments (example: 1st floor) or a single room.

Fill out this request form and attach a letter from your doctor **on letterhead** stating the following:

- 1) Your name and Student ID #;
- 2) Your condition;
- 3) Most importantly, a statement from your primary physician that it is **MEDICALLY NECESSARY** because of your condition to provide a specific housing arrangement and an authorization to speak with the Physician;
- 4) The special request—detailed description;
- 5) Signature of the primary physician

All materials must be provided to the Director of Health Services through one of the following communication methods:

By Mail

Director of Health Services
 University of Bridgeport, Student Health Services
 Health Sciences Center
 60 Lafayette Street
 Bridgeport, CT 06604

Electronically

t: 203.576.4712
 f: 203.576.4715
 e: healthservices@bridgeport.edu

Upon receipt of materials, the Director of Health Services will review all materials and speak with your primary care physician for more details—if needed—to determine the medical necessity of the request. The Office of Disability Services may also be notified, by Student Health Services, regarding requests for special accommodations. The Director of Health Services will issue a recommendation to the Director of Residential life and Student Conduct regarding the request and the Director of Residential Life and Student Conduct will make a final decision regarding the request submitted by the student.

Description of Special Housing Request

- Single Room
 First Floor Assignment
 Other _____

For Office Use Only

Date Received by Student Health Services: ___ / ___ / ___

Recommendation of Student Health Services to Residential Life: _____

Date ___ / ___ / ___

Office of Residential Life and Student Conduct
 Seeley Hall, rear entrance
 t: 203.576.4228 | f: 203.576.4536 | e: reslife@bridgeport.edu

Student Health Services
 Health Sciences Center
 t: 203.576.4712 | f: 203.576.4715 | e: healthservices@bridgeport.edu