Request for Special Housing Arrangement

Student Name: _____ **UB ID#:** _ _ _ _ _ _ _ _

Email: _____**@Bridgeport.edu** **Phone:** (_ _ _) _ _ _ - _ _ _ _

NOTE: All written communication will be conducted through the @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
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 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 _ _ / _ _ / _ _