

Hobart and William Smith College
Center for Teaching and Learning

Housing and/or Meal Plan Accommodation Application

Full Name:

Signature:

Date:

Phone:

To be considered for disability or medically related housing and/or meal plan accommodations, please attach the most recent documentation of your disability or medical condition from licensed or certified professional to this form, or have it sent directly to the Center for Teaching and Learning at the address listed below. Without this documentation to inform the process, accommodations cannot be authorized.

1. Please give a brief description of your disability or medical condition:

2. Please provide specific details about the type of housing and/or meal plan accommodations that you are requesting; why and how your documentation supports your request:

I am requesting (check all that apply):

- Housing Accommodations
- Meal plan Accommodations

3. Please indicate which semester you would like these accommodations to begin:

- Fall 20__
- Spring 20__

4. By the appropriate deadline, have you submitted documentation that is compatible with the relevant HWS guidelines for documenting a medical condition or disability?

- Yes, I have enclosed appropriate documentation with this form.
- No, by the appropriate deadline, I will be forwarding the documentation to:

Attn: Administrative Coordinator, Center for Teaching and Learning
300 Pulteney Street/Library
Geneva, NY 14456

Ph: 315-781-3351

email: ctl@hws.edu