



Non-Academic Accommodation Request Process.

The Non-Academic Accommodation Committee (NAAC) is composed of representatives from several HWS departments and reviews all non-academic accommodation requests monthly. These requests include accommodations outside the classroom setting.

Note: While requests are reviewed each month, please be sure to check the following housing selection deadlines:

For Spring Semester requests: December 1

For Fall Semester requests: February 15

For Incoming First Year/Transfer requests: July 1

Requests received after these deadlines may experience delays in processing and implementation should if approved.

Overview of Request Process:

- 1.** Submit an Accommodation Request/Self-Report:
 - a. [First-Time Request](#)
 - b. [Supplemental Request](#)
- 2.** Interactive Process:
 - a. Meet with Disability Services to discuss your request and the NAAC decision process.
- 3.** Submit supporting documentation
- 4.** Review
 - a. Official decision letter will be sent via email from NAAC@hws.edu.

Non-Academic Accommodation Provider Form

This form can serve as supporting documentation for a student's non-academic accommodation request. If a student chooses to submit this form, it must be completed by their treating healthcare provider. Once completed, providers can either email the form to NAAC@hws.edu or return it to the student who can upload to the Accommodate Portal. The NAAC may request additional documentation to determine reasonable accommodations.

Student's Name:

Official Diagnosis (DSM-5-TR or

Level of Severity: Mild Moderate Severe

ICD): **Date of Initial Diagnosis:**

Date of Last Visit:

Length of Relationship:

1. Does the student's condition qualify as a disability under the ADA?

Yes

No

Diagnosis in progress

2. Describe the current impact of the disability and its symptoms:

3. Describe the non-academic accommodation(s) you believe would support the student and why:

4. Provide any additional relevant information regarding the student's access to the use of on-campus housing:

Clinician's Name:

License Type:

License#:

Phone:

Email:

Digital Signature:

Date: