

Section A- Student Information

Student Name: <input type="text"/>	Telephone: <input type="text"/>	<u>Best Method of Contact:</u>
Student Number: <input type="text"/>	Email: <input type="text"/>	Email <input type="checkbox"/>
		Telephone <input type="checkbox"/>

Section B- Student Housing Information

Student Housing at Grenfell Campus, Memorial University, is comprised of two residence and eight chalet buildings. In total, Student Housing can provide accommodations to approximately six hundred students. All rooms in the residence buildings are private bedrooms where students share a washroom area with one individual. Most rooms in residence require students to cook in a common kitchen/lounge area.

Section C- Alternative Housing Options (to be completed by student)

Please rank what you are requesting based on your needs with **A** representing your first choice and **D** representing your last choice:

- ___ Accessible room in residence with roommate and no kitchen (8 in total)
- ___ Single room with private washroom in residence and no kitchen (8 in total)
- ___ Bachelor unit in residence with kitchen (3 in total)
- ___ Accessible room in chalet with roommate and shared kitchen (1 in total)

Please read the below disclaimer carefully:

I understand that although I am applying for alternate housing, there are no guarantees that I will be granted my request. I understand that Student Housing only offers a limited number of alternative accommodations and there are many individuals who may need to avail of these options. I undersign that I am fully aware of these conditions and will understand if I am not granted alternate accommodations at Grenfell Campus Student Housing:

 Signature of Student

Section D Certification of Medical/Educational Assessor (to be completed by Medical/Educational Assessor)

I certify that the information provided on this form is accurate and the student listed experiences the disability-related Student Housing barriers indicated.

Name of Assessor (please print)

Telephone Number

Province

Registration/Certificate #

Signature

Mailing Address

City/Town

Postal Code

Professional Designation/Accreditation

Date

Medical Office Stamp

Section E- Nature of Medical Condition (to be completed by Medical/Educational Assessor)

Please check at least one box below.

- Physical Disability/ Mobility Impairment**
- Visual Impairment**
- Hearing Impairment**
- Psychiatric/Psychological Disability**
- Speech or Language Impairment**
- Neurological Disability**
- Other**

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Section G Student Consent (to be completed by student)

Your personal information is protected by the *Access to Information and Protection of Privacy Act 2015* (Newfoundland and Labrador).

I understand that, to determine and verify my eligibility for Alternative Housing, the Committee on alternative housing allotment must review my application. I consent for this review to occur.

Signature of Student

Student Number

Date

Section H- *For Student Services Office Use Only*

Please write the date and time in the appropriate spaces below.

Date and Time Received: _____

Date and Time Reviewed: _____ Response

to Student:

Contact Information

For further information regarding documentation, please contact ACES (Accessibility Centre and Education Support):

Grenfell Campus, Memorial University of Newfoundland

University Drive, Corner Brook NL, A2H 5G4

T 709 639 2589 | F 709 639 2048

gcaces@mun.ca

For further information regarding Student Housing, please contact the Student Housing Office:

Student Housing, Student Services

Grenfell Campus, Memorial University of Newfoundland

Corner Brook, NL

T 709 637-6266

gchousing@mun.ca