



## Health Needs Request

Student Name: (Print) \_\_\_\_\_ LUID#: L \_\_\_\_\_

Classification:  Continuing Residential Student      I am a (circle): FR      SO      JR      SR  
 New Residential Student  
 Readmit Student

Date to Initiate Accommodation (circle): Spring 2025 (January)      Fall 2025 (August)

Longwood E-mail: \_\_\_\_\_@live.longwood.edu      Telephone: (\_\_\_\_\_) \_\_\_\_\_

Enrolled residential students that have a health condition or a medical treatment plan which requires special consideration for a **main campus assignment** should complete this request form. Health needs must be submitted annually in order to be considered prior to the residence hall assignment process. Submitting a written request does not automatically guarantee that accommodations will be available.

<b>The following deadlines will be enforced:</b>	<i>(Late requests will not be accepted.)</i>
New Spring 2025 residents	<b>December 2</b> before 5:00pm
Returning Fall 2025 residents	<b>February 14</b> before 5:00pm
New Fall 2025 residents	<b>June 13</b> before 5:00pm

**Directions:**      **Section I** should be completed by the current treating physician/clinician of the student.  
                         **Section II** should be completed by the enrolled student.

**SECTION I** – Completed by Physician/Clinician

1. Diagnosis of health need(s)
  
2. Specific limitations requiring special housing
  
3. Current treatment that has an impact on housing placement.
  
4. The health need above is:
  - Permanent/Chronic
  - Long term/6-12 months
  - Short term/Temporary, 6 months or less (expected duration: \_\_\_\_\_)

5. How is the requested special housing an integral component of a treatment plan for the condition in question?

*I, the undersigned, certify that this student is currently under my care.*

\_\_\_\_\_  
Physician/Clinician's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name (please print) and title

\_\_\_\_\_  
Agency, Address, Telephone

**SECTION II** – Completed by Student

1. What health need request are you making for your housing assignment for the approaching academic year?

Under the Longwood University Honor Code, I pledge that this provided information is complete and accurate.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

**Return completed form to:**

Residential and Commuter Life  
c/o Associate Director for Residential Operations  
201 High Street  
Farmville, VA 23909  
RCL Phone: (434.395.2080)      Fax: (434.395.2704)

**For Health Needs Committee Use:**

Date of receipt: \_\_\_\_\_

Date of review: \_\_\_\_\_

Committee decision:

- Approve  
 Deny

Justification:

Date of notification of RCL \_\_\_\_\_

Date of notification of student \_\_\_\_\_