



## Diagnostician Report for On-Campus Housing Accommodations

### DIAGNOSTICIAN INFORMATION

The diagnostician who evaluates the student must be a licensed or otherwise properly credentialed professional who:

- is qualified/certified to evaluate and diagnose the disability,
- is familiar with the challenges and functional requirements of a college environment
- is an impartial evaluator or diagnostician who is **not** a family member **nor** in a dual relationship with the student.

Name of Medical Professional:

Degree/Specialty:

Phone Number:

Email Address:

License # (indicate state):

### STUDENT INFORMATION

Name of Student:

Student Date of Birth:

### MEDICAL INFORMATION

Please provide a diagnostic statement of the student's medical condition that necessitates a housing accommodation, including medical diagnosis(es) and onset of condition(s).

**What is the date of the most recent evaluation?**

**What is the substantial limitation on a major life activity that is imposed by the condition(s)?**

**What is the expected duration, stability, or progression of the condition(s)?**

**Please list current treatments, medications, devices, or services currently prescribed or used to minimize the impact of the condition(s).**

**Please provide a detailed description of the recommended housing accommodation. Please include a clear connection between the impact of the condition and the recommended accommodation. Please note that, if approved, appropriate housing assignments will be determined by the University based on the required amenities and the amenities available in residence halls across campus. Please do not include requests for housing in specific halls, specific complexes, "newer halls", or on specific areas of campus. If recommending a kitchen, please provide justification for its necessity beyond the use of approved appliances, which includes microwaves, air fryers, blenders, rice cookers, crock pots, or other appliances with automatic shut-offs and no exposed heating elements.**

**I attest that I am a licensed, clinical professional or healthcare provider treating this student for their medical condition, and I completed this report on behalf of the student I am treating.**

**YES**

**Please type your full name below, which will serve as your electronic signature.**

**Today's Date**

### **HOUSING ACCOMMODATION REQUEST DEADLINES**

***Incoming Students:***

For incoming first-year students, Fall 2026 housing accommodation requests and supporting documentation must be received by June 1, 2026.

***Returning Students:***

For rising seniors, Fall 2027 housing accommodation requests and supporting documentation must be received by November 1, 2026.

For rising juniors and sophomores, Fall 2027 housing accommodation requests and supporting documentation must be received by December 1, 2026.