

COLLEGE OF MOUNT SAINT VINCENT

OFFICE OF RESIDENCE LIFE AND HOUSING

REQUEST FOR MEDICAL SINGLE OR SPECIAL HOUSING ACCOMMODATION

(To be completed by student requestor)

Date: _____

Last Name: _____ First Name: _____

Email Address: _____ Cell Phone: _____

Student Identification #: _____ Class Year: _____ Date of Birth: _____

Present Assignment (if applicable): _____

Not currently in housing: _____

Date/Semester accommodation is requested: _____

Description and rationale for the accommodation requested:

Signature: _____ Date: _____

Send completed form to:

Office of Residence Life and Housing
Administration Building - Room 114
College of Mount Saint Vincent
6301 Riverdale Avenue
Bronx, New York 10471

Phone: (718) 405-3755