

Office of Student Disability Services

NOVA SOUTHEASTERN UNIVERSITY HOUSING/FACILITY ACCOMMODATION REQUEST FORM		CST FORM
NAME:	NSU ID #:	
PHONE:	CELL PHONE:	
NSU EMAIL:		_@MYNSU.NOVA.EDU
MAILING ADDRESS:		
DATE OF BIRTH:	STUDENT LEVEL:Undergraduate	Graduate/Professional
PRIMARY CAMPUS:		
DavieFort Myers	JacksonvilleMiami	Online
OrlandoPuerto Rico	TampaWest Palm Beach	
PROGRAM/MAJOR:		
COLLEGE:		
Allopathic Medicine	Engineering and Computing	Nursing
Arts, Humanities, & Social Sciences	Health Care Sciences	Optometry
Business	Law	Osteopathic Medicine
Dental Medicine	Medical Sciences	Pharmacy
Education	Natural Sciences & Oceanography	Psychology
DIAGNOSIS/MEDICAL CONDITION	N:	
Attention Disorders	Physical and Systemic Disorde	ers
Autism Spectrum Disorders	Psychological and Psychiatric	Disabilities
Head Injury and Traumatic Brain Inju	rySpecific Learning Disabilities	
Hearing Impairments	Vision Impairments	
REQUEST ACCOMMODATION(S) I	BEGINNING:FallWinter	Summer
IF HOUSING ACCOMMODATION I	REQUEST, HOUSING CONTRACT SUBN	MITTED:YesNo

Please RETURN this form with supporting documentation from your treating professional(s).

Visit <u>www.nova.edu/disabilityservices</u> for appropriate supporting documentation. Accommodations must be requested through SDS prior to July 1st for the fall semester and prior to December 1st for the winter semester. Accommodations for summer must be requested prior to April 1st. Failure to abide by these guidelines may result in a delay in determinations.

IF REQUESTING A HOUSING OR FACILITY ACCOMMODATION, PLEASE BRIEFLY EXPLAIN THE DIFFICULTIES YOU EXPERIENCE WITH RESIDENTIAL LIVING OR WITH A SPECIFIC FACILITY:

PLEASE LIST SPECIFIC ACCOMMODATION(S) BEING REQUESTED:

IF EMOTIONAL SUPPORT ANIMAL REQUEST, PLEASE SPECIFIY: ____Dog ___Cat ___Other* *IF OTHER, SPECIFY:_____

RELEASE OF INFORMATION:

I, _______ (print first and last name), authorize Student Disability Services and its designated representatives to discuss my disability-related needs with authorized members of the Nova Southeastern University administration, staff, and/or faculty for the purpose of assisting me in my program, as well as determining reasonable accommodations. I understand this information is confidential in nature and will be used only for educational purposes. I understand that this authorization may be withdrawn by me at any time through a written, signed, and dated request.

Student Signature**		Date
Parent/Guardian Signature if student is under the	e age of 18 years old	Date
I,((print first and last name),	authorize Student Disability
Services and its designated representatives to rel	lease and/or discuss inform	nation specifically related to
my disability; including but not limited to docur	mentation pertaining to my	disability, requests or
evaluations regarding accommodations and serv	vices, with (check all that a	pply):
Members of my family (specify):		
Medical professional(s) (specify):		
0, 1 , 0' , 44		
Student Signature**		Date
Parent/Guardian Signature if student is under the age of 18 years old		Date

from your treating professional(s) is received. Visit <u>www.nova.edu/disabilityservices</u> for appropriate supporting documentation. Accommodations must be requested through SDS prior to July 1st for the fall semester and prior to December 1st for the winter semester. Accommodations for summer must be requested prior to April 1st. Failure to abide by these guidelines may result in a delay in determinations.