



LORAS COLLEGE™

## Health Center

1450 Alta Vista St. | Dubuque, IA 52001 | Phone: (563) 588-7142 | Fax: (563) 588-7659

### Housing Accommodations Application

Residence Requirement - Studies have shown that residence hall living has positive effects on the attainment of a bachelor's degree, satisfaction with faculty, and the willingness to re-enroll at the same college because of positive experiences. Students who live on campus also often join social organizations and participate in student government opportunities. In addition, students who live on campus are more likely to have higher GPAs than those who do not live on campus. Because most research supports that living on campus truly enhances the student experience, Loras College identifies itself as a residential campus – a campus that takes great care in providing intentional experiences outside the classroom for our students.

Based on our residential identity, students with less than 80 credits or who are under the age of 21 by the first day of classes of the fall semester, who do not reside with parents, legal guardians, a spouse or children in the city of Dubuque or nearby, are required to live in College-owned housing. Students are not permitted to move off campus after they have taken up residence unless authorized in writing by the Director of Residence Life. Permission will be granted only in extraordinary circumstances. PLEASE NOTE: a student must have completed 45 credits in order to apply to live off campus.

Requests to live off campus for medical necessity must go above and beyond basic illnesses and ailments. For example, students with allergies who could manage their symptoms with an air conditioner or students requesting a specific mattress size or type can be accommodated on campus.

Air Conditioners: Students who wish to bring an air conditioner to campus due to medical necessity may submit an Air Conditioner Application that has been completed by their health care provider.

Meal Plan Change: Students who wish to receive an exemption from the meal plan requirement may submit a Meal Plan Accommodations Application that has been completed by their health care provider.

Students applying for housing accommodations due to medical necessity must submit the following to the Health Center:

1. A Housing Accommodations Application that has been completed by their health care provider.
2. A letter written by the student describing their medical issues, why the accommodations are being requested and how the student would benefit from the accommodations.
3. A letter written by the student's parents/guardians supporting this request.
4. For student athletes applying to live off campus – a letter from the student's coach supporting this request.

The Health Center reserves the right to ask for further supporting medical documentation. All information will be verified. Altered Physician's forms (altered by the student, parent, or any other party) will not be accepted.

Students must submit their request and above completed documentation by April 1 to:

Loras College Health Center 1450 Alta Vista, Dubuque IA 52001

Phone: (563) 588-7142, Fax: (563) 588-7659

Email: tammy.marti@loras.edu

The Loras College Health Center will contact the students via email notifying them if their request has been approved or denied. Students approved to live off campus with parents and are found to be living elsewhere may be billed for on-campus housing costs.



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**Housing Accommodations Application**

**To be Completed by the Health Care Provider**

Student Name: \_\_\_\_\_ Birthday: \_\_\_\_\_ Residence Hall: \_\_\_\_\_ Room# \_\_\_\_\_

1. Completed credits: \_\_\_\_\_ Sport: \_\_\_\_\_

2. Semester requesting accommodations to begin: \_\_\_\_\_

3. Planned residence: \_\_\_\_\_

4. Planned roommates: \_\_\_\_\_

5. How long has this student been under your care: \_\_\_\_\_

6. Diagnosis: \_\_\_\_\_

7. Symptoms: \_\_\_\_\_

8. Medications: \_\_\_\_\_

9. Accommodations being requested: \_\_\_\_\_

10. How has the student managed their symptoms living in the residence hall: \_\_\_\_\_

11. How will the accommodations help to manage their symptoms: \_\_\_\_\_

12. Has the student been referred to a specialist such as a counselor, dietician, orthopedist, etc...: ☐ Yes ☐ No

Explain: \_\_\_\_\_

13. Is the medical condition life threatening if the request is denied: ☐ Yes ☐ No

Explain: \_\_\_\_\_

\_\_\_\_\_  
Health Care Provider Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Office Stamp: