

RESIDENCE LIFE
REQUEST FOR SPECIAL ROOM ASSIGNMENT CONSIDERATION

INSTRUCTIONS:

- Ensure that you fill out your portion of this form and sign/date it before sending it to your certified authority or professional supporting your special need (e.g. Doctor, Psychologist, etc.) to complete their portions.
- Please PRINT CLEARLY when completing all portions of the form. All sections, including the certified professional's section must be completed in FULL.
- This completed document must be submitted to our office with your application for residence.

NOTES:

- If special consideration is granted, you will be assigned a room appropriate to your situation but which has the least impact on more senior students so not necessarily in your preferred residence.
- Although we will try our very best to accommodate all documented special requests we cannot guarantee that we can meet all student's needs.

STUDENT INFORMATION: (To be completed by the student)

First Name:	Last Name:
UNB Student ID:	UNB Email:
Address:	Phone:

CERTIFIED PROFESSIONAL AUTHORITY'S INFORMATION: (To be completed by certified professional)

Please note UNBF is most anxious to accommodate genuine special residence needs. With limited single and very limited single rooms with baths, we need to distinguish between such needs and simple preference and appreciate your help in doing so by carefully considering and completing this form.

Title:	Phone:
First Name:	Email:
Last Name:	Address:
Occupation:	
Please specify the special accommodation required:	
Please provide specific information that explains why the student is unable or will be adversely affected by sharing living and sleeping space with another student:	
Professional's signature:	Date:
Student's Signature:	Date: