



Student Name: _____
Campus Wide ID (CWID): _____
Date of Birth: _____

Pepperdine Accessibility Form Addendum

Housing and ESA Accommodation

Note to student: Please do not complete this form -- it must be completed by your treating clinician.

Pepperdine University places a high value on collegiate residential life. As part of this required two year undergraduate residential experience, students are expected to share a bedroom space and navigate roommate relationships. We understand that many students have not shared personal space prior to enrolling in college. There is a dedicated team of residence life professionals dedicated to programming and support for the resident community.

Alternate housing requests are not always the best option for students who have concerns about their housing situation. The Pepperdine Counseling Center, Health Center, Housing and Residence Life, and Seaver Student Success Center have resources, such as workshops regarding communication and problem-solving skills, academic coaching and study habits, stress management, and more, to assist students in community living. Please note that all housing accommodations are based on availability.

Health Care Provider Information

Name: _____ Title: _____
License #: _____ Specialty: _____
Address: _____
Phone: _____ Fax: _____

Medical Information – If this is your first time seeing this patient, please review the patient’s records, if available, in order to provide the following information. The student may also have their primary care physician provide this information.

The following questions are to be answered by the qualified professional identified above. If you have recently begun treating this student, you may find that you do not yet have sufficient information to respond to the questions on this form. If you have not had recent clinical contact with the student, or otherwise find that you cannot effectively complete this form, please inform the student directly.

If you would like to share any related pertinent information, please do so here:

Clinical/Medical Provider's Signature: _____

Date: _____



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Please confirm what accommodations the student is requesting:

Housing Accommodations?

- Complete section 1.

Emotional Support Animal?

- Complete section 2.

Housing Accommodations and Emotional Support Animal?

- Complete sections 1 and 2.

Section 1:

Recommended Accommodation(s) and Justification

The justification for each recommended accommodation must be produced which specifically describes how the adjustment will provide equal use and enjoyment of University-owned housing. There must be a logical connection clearly describing the relationship between the disability and the accommodation being sought. Accommodations are designed to address the barrier(s) caused by any functional limitation(s) related to the condition. In the housing context, a reasonable accommodation is a change in a rule, policy, practice, or service that may be necessary to allow a person with a disability the equal opportunity to use and enjoy a dwelling.

If more space is required, please attach additional pages to this form.

Please indicate your recommendations for accommodations within the housing environment, as supported by the reported functional limitations and their impact on this student.

Housing Accommodation:

Rationale:

Housing Accommodation:

Rationale:

Housing Accommodation:

Rationale:

Housing Accommodation:

Rationale:

Housing Accommodation:

Rationale:



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Does the student require adaptive equipment to perform routine tasks? (if so, please specify):

If you feel that you are unable to recommend any specific accommodations as requested above, please explain why:

Section 2:

Emotional Support Animals

To protect public health and safety, Pepperdine regulates the types of animals allowed on University property. State and local regulations provide the basis for University policies intended to protect the campus community from potential health and safety hazards posed by animals brought to campus ([University Policy for Animals on Campus](#)).

If the applicant is requesting your support for an emotional support animal (non-service animal), please respond to the following questions:

Describe how the animal works, provides assistance, performs tasks or services for the benefit of this individual with a disability, or provide emotional support that alleviates one or more of their identified symptoms or effects of the applicant's existing disability (e.g., how is what the animal performs related to the disabling condition, and what is the difference, with and without, the animal being present).

Describe how your therapeutic or medical relationship with the applicant has informed the basis for the conclusion and recommendation for the necessity of an assistance animal within University Housing.

Describe any expertise and training you have with regard to therapeutic human/animal interaction.

Describe how much of an opportunity you have had in observing the interactions between the person and the animal in question as well as any observations of the animal's behavior around other commonly present animals or persons.