

Special Consideration

Name: _____ Student ID: _____
Mailing Address: _____
Email: _____ Phone: _____

In addition to requesting special consideration in your online application, you will need to complete the form below. If we do not receive this completed form **within two weeks** of your Residence application, your request for special consideration will not be considered.

1. Ensure that you fill out your portion of this form.
2. If citing a medical, psychological/emotional or cognitive issue, please provide all care provider's information. If citing a lifestyle, cultural or religious reason for special consideration, care provider's information is not necessary. We will contact you should we require further information.
3. Note: We will try our best to fulfill your request but we are not in a position to make guarantees.

Care Provider's Information [to be completed by Care Provider]:

Name: _____ Title: _____
Phone: _____ Email: _____

Please specify accommodations required: _____

Please specify why they are required: _____

Signature of Care Provider

Date

Please return completed form to the Residence Admissions Office.

To be completed by applicant:

I understand I am responsible to contact UCFV Disability Services.

- Yes No

I understand that in order to properly address this request UCFV Residence Admissions Office may, in confidence, share this information and consult with UCFV Disability Services [if appropriate].

- Yes No

All information provided may be confirmed with my care provider.

- Yes No

Signature of Student

Date

**Mail completed form to: UCFV Residence Admissions Office
33844 King Road
Abbotsford, BC V2S 7M8
CANADA**

Departmental Review (To be completed by Residence Admissions Office)

- Granted
- Incomplete, therefore denied
- Not Granted, see notes below

Signature

Date

Notes: _____

