

**QUEEN'S UNIVERSITY RESIDENCES SPECIAL  
CONSIDERATION FORM FOR NON-MEDICAL REQUESTS**



**Name:** \_\_\_\_\_

**8 digit student ID number:** \_\_\_\_\_

**Email:** \_\_\_\_\_

(Queen's email is preferable if you have not received it at the time of submission, please provide an alternate)

**Student Type:**

First year student    Upper Year Student    Don or ResSoc staff

I have an anaphylactic allergy related to food and will require assistance with the meal plan

I require a long bed. If you have checked this box, please provide height \_\_\_\_\_

I would like to be accommodated for cultural or religious reasons. If you have checked this box, please provide the accommodation requested (noting that we do not guarantee Main campus placement or private or semi-private washrooms for cultural or religious reasons) \_\_\_\_\_  
\_\_\_\_\_

I would like to be accommodated for sexual and/or Gender Identity reasons. If you have checked this box, please provide the accommodation requested \_\_\_\_\_  
\_\_\_\_\_

**Student Signature** \_\_\_\_\_

**Date:** \_\_\_\_\_