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: _________________