

**HOUSING AGREEMENT
MEDICAL CANCELLATION REQUEST**

Name: _____ Panther ID #: _____

FIU Email: _____ Cell #: _____ Date: _____ 20____

Complex: BVH EVE LVN LVS PH PVH TOW UA **Room/Apt.#:** _____
Request for:

(Check Only One): Fall/Spring _____ Spring _____ Summer A _____ Summer B _____ Summer C _____

I am requesting the cancellation of my Housing agreement based on a medical (i.e., a physical or psychological) condition. I state that I have an illness (whether physical or mental) or injuries which occurred **after** submitting my Housing Agreement where such illness or injury prevents me from living, on a full-time basis, in a communal setting but I have the ability to continue my course studies. I understand that, if my medical condition prevents me from attending the University on a full-time basis (in addition to living in Housing), I should use the medical withdrawal process found on the Registrar's website at <http://registrar.fiu.edu/index.php?id=83> and the standard Housing Cancellation Request form. I understand that, if I am seeking a reasonable accommodation from Housing, I should use the Reasonable Accommodation procedure found at the Housing website at <http://www.housing.fiu.edu/Forms/index.html>.

In order to obtain the cancellation of the Housing agreement, I understand that I need to submit the documentation described below:

A letter from my licensed medical and/or mental health care provider written on the health care provider's letterhead. The documentation should not come from a family member. The letter should be typed and follow this format:

- ✓ Dates that I have been under care for the illness or injury
- ✓ Nature, duration, and diagnosis of the medical problem with a description of how it interferes with my ability to live in a communal setting but yet continue with classes. The more detailed the information is the easier it is to make the assessment. Hospital or physician bills will not be accepted as documentation.

I acknowledge that it is my sole responsibility to gather and submit documentation that supports this Housing Agreement cancellation request. I also acknowledge that my failure to submit complete documentation will result in the denial of my request.

Send the documentation along with a copy of this form to:

Attention: Request for Housing Cancellation Based on a Medical Withdrawal
Florida International University
The University Medical Director,
FIU University Health Services Complex,
Room 280
11200 SW 8th Street Miami, Florida 33199

I understand that my information will be reviewed by UHS in order to provide a recommendation to the Housing office as to whether the cancellation request should be considered. The UHS office will evaluate the information provided, will assess whether the condition prevents me from living on a full-time basis in a communal setting but allows me to continue my course studies, and will make a recommendation to Housing. Upon receipt of the medical evaluation Housing will make a decision as to whether the cancellation request should be granted, conditionally approved, or denied. I further understand that my medical information will be kept confidential and will not be shared with the Housing Office.

