Fashion Institute of Technology
Seventh Avenue at 27 Street
New York City 10001-5992
www.fitnyc.edu

Continuation Request For Housing Accommodations Based On Extenuating Circumstances

I. STUDENT *(to be completed by student)*

_____ _____ _____
Student Name (PRINT) *Student ID#* *Date*

_____ _____
Student Contact Number *Student Email*

Special housing accommodations being requested: *(Please describe the special needs, equipment and/or housing location)*

_____
_____

Please provide the circumstances to support the requested accommodations including the medical diagnosis if applicable:

_____
_____
_____

_____ _____
Student's Signature *Date*

This information will be shared with appropriate offices. FIT-ABLE will advise if updated medical information to support the requested accommodation is needed

II. DEPARTMENT *(to be completed by evaluator)*

Requested Semester: _____

Documents reviewed by:

❑ Health Services ❑ Counseling ❑ FIT-ABLE ❑ Other _____

Documents reviewed and evaluated by:

_____ _____
Evaluator's Signature *Date*

_____ _____
Director's Signature *Date*

III. COMMITTEE RECOMMENDATION:

_____
_____
_____

Extenuating Circumstances Committee Members:

_____ _____
Committee Member's Signature *Date*

_____ _____
Committee Member's Signature *Date*

_____ _____
Committee Member's Signature *Date*

_____ _____
Committee Member's Signature *Date*

_____ _____
Committee Chair's Signature *Date*