

p. 508-286-8200 f. 508-286-5557

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Housing Accommodation: ESA Application

Returning Students send completed form by March 1st
Incoming Students send completed form by July 1st

Academic year:	
Applicant's Name:	
Proposed ESA type of animal and breed:	
Age of animal:	
The above-named applicant has indicated that you are the professional that has suggested that	
having an ESA (Emotional Support Animal) in the residence hall will be helpful in alleviating	

having an ESA (Emotional Support Animal) in the residence hall will be helpful in alleviating one of more of the effects of the applicant's disability. We will accept documentation from the licensed professionals in the state of Massachusetts or the applicant's home state.

So that we may more effectively engage in the interactive process and evaluate the request for this accommodation, we ask that you answer the following questions:

Section 1

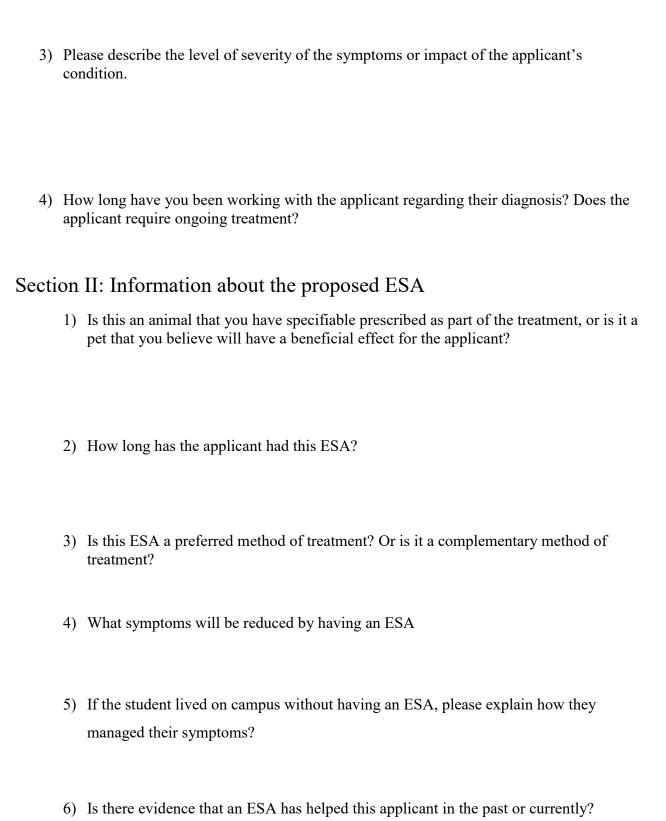
1) What is the applicant's diagnosis and is there an impairment that substantially limits their ability to perform a major life activity?

2) Please identify if the applicant is using any measure such as medication, treatment, therapy that may mitigate the limitations caused by their impairment?



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Section III: Importance of ESA to Applicant's Well-Being

1)	Please explain how the accommodation is necessary for the applicant to use campus
	housing as compared to a person without a disability.

2) What consequences in terms of disability symptomology may result if the accommodation is not approved?

3) Have you discussed the responsibilities associated with caring for an ESA while engaged in college activities and residing in on-campus housing? Will these responsibilities exacerbate the applicant's symptoms in anyway?



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Thank you for taking the time to fill this out. If we need additional information we may contact you at a later date. We recognize that an ESA can be a benefit, however due to the nature of oncampus community living, we must carefully consider the impact of the request for an ESA on both the applicant and the community.

Professional Verification and Contact Information:

Name and Title:		
Address:		
Phone Number:		
Email Address:		
Professional Signature:		
License Number:		
Date:		

The signature verifies that it was completed by the licensed professional