Student Disability Services  (Form A, page 1 of 2)
Form to Request an Emotional Support Animal (ESA) in Housing

ESA at Michigan Tech are part of a student's mental health care plan. The first step in the process is to determine that a licensed psychiatrist, therapist, or master level clinical social worker has diagnosed the student with a mental health disability under the DSM-5.

Student Name: ___________________________  Student’s Diagnosis: ___________________________

To be completed by doctor or licensed therapist that made DSM-5 diagnosis.
Date diagnosed: ___________________________  Diagnosed by: ___________________________
Organization licensing diagnostician: ________________________________________________
Number of times student has met with this person: ___________________________
Is an ESA part of the treatment plan as prescribed by diagnostician: _____Yes _____No
Attach letter or report documenting diagnosis.  Attached _____ Separate File to follow___

To be completed by care-giver prescribing ESA
Date of first appointment: Date of most recent apt.:  
Number of sessions you have had with patient: Date ESA was prescribed:
Species of ESA that is being prescribed: Length of time the patient has lived with current ESA:
If ESA is a new approach, what date will effectiveness or ongoing need be confirmed: ________

How is the ESA expected to facilitate the student? (e.g. beyond what a pet would do)

Briefly describe patient’s current ESA
Species: ___________________________  Color: ___________________________
Gender: ___________________________  Approximate Age: ___________________________

Have you discussed with the individual the challenges of living in dormitory housing with the ESA?  
Yes  No
Do you believe the individual is able to provide all care needs for the ESA without support?  Yes  No
Have you and the individual discussed how they will cope if their ESA becomes disruptive/destructive and is evicted from housing?  Yes  No
Have you assisted the individual in working out a care plan for the ESA if the individual should have to leave campus, be hospitalized etc. (The ESA cannot remain on campus in even the temporary absence of their person.)  Yes  No

Waino Wahtera Center for Student Success
Contact us: sds@mtu.edu 906-487-3558
Administration Building Room 130
Form to Request an Emotional Support Animal (ESA) in Housing

Print name of ESA prescriber ________________________________
Signature ________________________________
License number ________________________________
State of Licensure ________________________________
Professional Organization ________________________________
Date ________________________________

Note: This is a 2-page document, plus DSM-5 documentation, all of which must be submitted before the application can be processed.

This completed form should be returned to Student Disability Services, Michigan Technological University. Fax: 906-487-3530  Email: sds@mtu.edu

Mail: 130 Admin, 1400 Townsend Drive, Houghton, MI 49931-1295

Student Name ________________________________ M-Number ________________________________
Student's MTU email____________________________ Date ________________________________
Person responsible for removing ESA if student is injured. ________________________________
Where will the animal be housed if student is injured? ________________________________
Student Signature: ________________________________

Date received in office: ________________________________
Documentation included: ___Yes ___No
Documentation complete: ___Yes ___No
Form complete: ___Yes ___No

2023