Emotional Support Animal (ESA) in On-Campus Housing Request Form

Michigan Technological University Emotional Support Animal (ESA) in On-Campus Housing Policy

Student Disability Services will work with students requiring an emotional support animal (ESA) in their on-campus housing assignment as part of the student’s treatment/care plan. Approval for an ESA requires documentation from a licensed healthcare professional who has an established relationship with the student, acknowledging an ESA as part of the student’s treatment/care plan. Students approved for an ESA need to adhere to the Memo of Expectations for an ESA. If a student is found to be in violation of these expectations, Residence Education and Housing Services, Student Disability Services, and the Office of Academic and Community Conduct will follow the procedure outlined in the memo, which may result in the withdrawal of the approval of an ESA.

PART ONE: To be completed by a licensed healthcare professional with an established relationship with the student. In lieu of completing this form the licensed healthcare professional can provide separate documentation on their organization’s letterhead outlining all required information.

Name of licensed healthcare professional:

Contact Information (if not providing separate documentation on letterhead):

As the licensed healthcare professional, do you agree that the student would benefit from having an Emotional Support Animal (ESA) with them in their on-campus housing? Please sign next to the option you endorse.

Yes :

No :

Yes, with reservations :

If you selected yes, with reservations please indicate those here:
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PART ONE CONT. To be completed by a licensed healthcare professional with an established relationship with the student:
Please describe how the ESA is part of the student’s treatment/care plan.
Information to include: how an ESA assists a student in their ability to live in on-campus housing,

<table>
<thead>
<tr>
<th>Briefly describe patient’s current ESA:</th>
</tr>
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<tbody>
<tr>
<td><strong>Species:</strong></td>
</tr>
<tr>
<td><strong>Gender:</strong></td>
</tr>
</tbody>
</table>

Additional Information:

<table>
<thead>
<tr>
<th>Have you reviewed the policy and procedures with the individual?</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Have you discussed with the individual the challenges of living in dormitory housing with the ESA?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Do you believe the individual is able to provide all care needs for the ESA without support?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Have you and the individual discussed how they will cope if their ESA becomes disruptive-destructive and is evicted from housing?</td>
<td>Yes</td>
<td>No</td>
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<tr>
<td>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 even in the temporary absence of their person.)</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>
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**PART TWO: To be completed by the student requesting an ESA**

Student Name:

Student M-Number:

Student MTU Email:

Person responsible for removing ESA if student is injured:

Where will the animal be housed if student is injured, hospitalized, or otherwise unable to return to their room:

Student Signature:

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

**PART THREE: To be completed by a staff member in Student Disability Services once form is received.**

Date form received:

Staff member reviewing form:

Documentation attached:

Documentation complete:

Follow up needed:

Date follow up communication sent to student: