



SANTA CLARA UNIVERSITY

Information on Residency Exception Requests for Clinicians

This document is providing information concerning the residency exception to SCU's requirement that all unmarried, full-time undergraduate students live on campus during their first and second years. The Housing Office is attempting to determine whether this student has a condition or combination of conditions that constitute an exception to the housing policy and whether the condition(s) causes limitations for which the student needs to live off-campus. As the student is requesting an exception from SCU's residential requirement, documentation that clarifies the nexus between the impacts experienced by the student and the need for a housing exception is critical to this process.

If the student has a **medical/psychological condition** which warrants the necessity to live off-campus, supporting documentation will be required and reviewed by the Housing Office. Criteria which would need to be met would include:

- A request form (Residency Exception Form found in the Housing Portal) signed by the student confirming validity of request and consenting to relevant departments reviewing the submitted information.
- By submitting the form, the student agrees to the following: I confirm that all information provided is true and correct, and that I am seeking an exception. I understand that by submitting this request and any accompanying documentation, the information I am providing may be reviewed by Housing, or University general counsel, but only to the extent that such review is necessary for the purpose of considering my exception request. I fully consent to Housing, and University counsel accessing the information I am providing, including confidential information, for the purpose of evaluating my residency exception request.
- The student must submit either documentation from a qualified professional or the Residency Exception Clinician Documentation Form with the attestation of medical/psychological condition(s) from a qualified professional that has treated the student in the **last 6 months**.

Documentation will assist the Housing Office in understanding how the condition(s) impacts the student in a residential setting and the current impact as it relates to the requested exception to live off-campus. There are multiple ways to provide documentation; however, a doctor's prescription note pad or a school plan such as an IEP or 504 Plan is not sufficient documentation alone.

When the student submits the Residency Exception Form and they indicate that the reason for the request is due to a medical or psychological condition(s), the student will be asked to submit

supporting documentation from a qualified treating professional (generally not by a family member or guardian). All documentation will be evaluated on a case-by-case basis.

Appropriate Documentation:

- A completed Residency Exception Clinician Documentation Form (see below) from a qualified professional, or
- A letter from a qualified professional and/or a full detailed evaluation or diagnostic report on letterhead with the date, signature and credentials, responding directly to the questions posed on the Residency Exception Clinician Documentation Form with necessary relevant details related to residential on-campus living.

Thank you,

Housing Office
Santa Clara University



**Residency Exception Clinician
Documentation Form**

Please print all responses and include as much relevant information as possible.

1. What is the specific condition(s)? What qualified professional determined this condition(s)? What specific criteria were used in the determination? (Please share available assessment data)

2. List the specific symptoms the student experiences in relation to on- campus residential living.

3. What is the impact of the condition(s) in relation to living on-campus? How and to what degree is the student impacted or functionally-limited by the condition(s) in relationship to on-campus residential living? (Please provide specific and relevant examples)

4. What consequences might occur for the student should the recommended housing exception not be approved?

Clinician's Name (Print): _____ Date: _____

Signature: _____

Professional Credentials (include professional license and certification): _____