

STUDENT  
ACCESSIBILITY  
SERVICES  
MOUNT ST. JOSEPH UNIVERSITY

DISABILITY-RELATED HOUSING ACCOMMODATION DOCUMENTATION FOR EMOTIONAL SUPPORT ANIMAL

Student's Name: \_\_\_\_\_ Student ID: \_\_\_\_\_

Proposed Emotional Support Animal Name: \_\_\_\_\_

Type of Animal: \_\_\_\_\_

Age of Animal: \_\_\_\_\_




Thank you for taking the time to complete this form. If we