

Waino Wahtera Center for Student Success

Contact us: sds@mtu.edu 906-487-3558

Administration Building Room 130



Student Disability Services (Form A, page 1 of 3)

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.

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

Student Disability Services (page 3 of 3)

Print name of ESA prescriber: _____

Signature: _____

License number: _____

State of Licensure: _____

Professional Organization: _____

Date: _____

**This completed form should be returned to:
Student Disability Services
Michigan Technological University**

Fax: 906-487-3530 **Email:** sds@mtu.edu

Mail: 130 Admin Building
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: _____

Note: This is a 3-page document, **plus DSM-5 documentation**, all of which must be submitted before the application can be processed.