

****This form must be completed and turned in for each term you would like services****

Housing/Dining Service Request Form

Please specify which semesters you are requesting services:

_____ Summer

_____ Full Academic Year

Today's Date: _____

Last Name: _____

First Name: _____

Cell #: _____

CWID#: _____

Email: _____

Seaver: _____ GSBM: _____ GSEP: _____ SPP: _____ SOL: _____

Seaver Enrollment Status (Freshman, Sophomore, Junior, Senior):

Other campus (International/Washington D.C.):

Graduate: Program Name:

Please state your specific housing/dining request:

____ **New Student** (I have NOT received DSO approved housing/dining accommodations before)

____ **Returning Student** (I have received DSO approved housing/dining accommodations before)

PEPPERDINE UNIVERSITY | [DISABILITY SERVICES OFFICE](#)

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