Albion College
Office of Residential Life
reslife@albion.edu
517-629-0224

2019-2020 WINDOW AIR CONDITIONER REQUEST FORM

Petitions are due no later than 4:00PM on Thursday, March 14, 2019 to the Office of Residential Life
Late Petitions will be automatically waitlisted.

Instructions

Due to safety restrictions and electrical load limitations, student provided window air-conditioners (A/C units) are permitted on a limited basis and must be approved by the Petitions Committee prior to installation under the following conditions.

- Student has a severe chronic medical condition (e.g. asthma, allergy) that necessitates use of air-conditioning.
- Student submits physician verification as explained below.
- The appropriate Health Services staff validates/concurs with the request.

Personal window A/C units are not encouraged and will only be approved if evidence of severe chronic medical condition requiring air-conditioning is presented. Electrical power (amps) per room is limited and not designed for heavy appliances. Not all rooms at Albion College can support the addition of a personal window A/C unit and operation of a personal window A/C unit could limit the number of other electrical items a student will be able to have in his or her room.

The following guidelines must be adhered to by students seeking permission for use of a personal window A/C unit.

1. Student must have a severe chronic medical condition that necessitates the use of air conditioning.
2. Student must complete an air-conditioner approval request form (see attached). Forms are available through the Office of Residential Life.
3. Student must submit the completed air-conditioner approval request form to the Office of Residential Life.
4. After completing the air-conditioner approval request form, the student must schedule an appointment with the appropriate Health Services staff to review the student's severe chronic medical condition.
5. If student is approved to have a personal window air-conditioner, **the student must personally provide the unit following the guidelines on the following page**. Albion College does not provide window air-conditioning units for student residences.
6. Window air-conditioners will not be installed prior to the official approved arrival date of the student for Fall Semester. Albion College Facilities Operations staff will install the window air- conditioner within 5 business days after the student arrives on campus--this request must be submitted through the Office of Residential Life. If a student applied for a window air-conditioner after the semester has begun, Albion College Facilities Operations Staff will install the window air-conditioner within 5-10 business days.
7. Approval for a personal window air-conditioner does not carry over from one academic year to the next. Students must request permission on an annual basis. No air-conditioner units will be installed after September 30 during the Fall Semester.
8. Albion College Facilities Operation Staff reserves the right to refuse to install or may remove window A/C units if the window A/C unit does not meet the approved specifications or if the student has not been approved to have a window A/C unit. Due to liability reasons, all units must be installed and removed by the Facilities Operations Staff.

Guidelines and requirements for personal window air-conditioners:

Units must be a maximum of 6,000BTUs and have a minimum EER (Energy Efficient Ratio) rating of 8. Units must be appropriate for the type of window and come with a window installation kit. Refer to the list below indicating where air-conditioning is already provided, where student owned A/C units are permitted if the student is approved to have a personal unit, and where window A/C units cannot be supported. Also listed is the window type for each building; double hung (up and down) or casement (slide by).

The following student residences are air-conditioned buildings:

- 416 Erie Street Apartments
- The Mae Apartments
- 507 E. Erie Street Apartment
- Munger Apartments
- Munger House

Approved Window A/C units **are permitted** in the following residential units if a student has received approval because of a severe chronic medical condition and has followed the approval process as described in this document.

- Burns Street Apartments
- Fraternities
- Mitchell Towers
- Seaton Hall
- Whitehouse Hall
- Wesley Hall

Window A/C units **WILL NOT be permitted** in the following residential units because either the type of window in the building will not accommodate a window A/C unit or the electrical power is not appropriate for a window A/C unit. If a student anticipates requesting permission for a window A/C unit, the student should not participate in the Room Selection Process for the following buildings or understand if assigned to one of the buildings listed below, the student will not be permitted to have a window A/C unit.

- Briton Apts.
- Dean Hall
- Ingham Hall
- Fiske House

All window A/C units must be installed and removed by the Facilities Operations staff. If an extension cord is necessary it must be a heavy duty, three wire, 12 awg, appliance rated extension cord and be provided by the student.

A/C units must be removed during winter months (from approximately Thanksgiving Break through Spring Break). **An installation charge of $50.00 is required** which includes initial installation, removal for winter months and reinstallation for the second half of spring semester and final removal at the end of the academic year. Appropriate storage of the A/C unit is the responsibility of the student. **A fee of $50.00 per semester** will also be charged to the student in addition to the installation charge in order to offset the cost of the additional energy consumed. These charges will be assessed to student accounts upon approval and installation.

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PART I

To be completed by the student (please print):

Name (Last/First):_____, _____ Student ID #: _____

Email:_____@albion.edu Cell Phone: (_____)_____- _____ KC Box: _____

Permanent Address (Street, City, ST, Zip):_____,_____,_____, _____

Permanent Phone: (_____)_____- _____ Campus Address (Bldg/Rm):_____, _____

By signing below, I understand that if I am approved for a window air-conditioner **I am responsible for the added fees: Installation/removal = $50.00 AND a Utility Fee = $50.00/semester**. I also understand that storage of the unit is my sole responsibility from the time it's removed to the reinstallation after winter.

Student Signature: _____ Date:_____/_____/_____

PART II

To be completed by student's physician:

Albion College requires physician verification for a student to be approved to have a window air-conditioner in his/her/their College room. There should be a valid and documented reason for this authorization. To facilitate and standardize this approval process, we require this form to be completed by the student's attending physician and the student must submit this completed form to the Office of Residential Life, after which time the Director for Student Health Services will contact the student to schedule an appointment (in-person or by phone). This form will be kept with the student's health records in the Student Health Services Department.

The above named student is under my care for the following medical condition(s) that necessitates the use of an air-conditioner in his/her college room.

_____Asthma
_____Allergies
_____Other (please specify) _____

1. How long have you treated this patient for the above condition? _____
2. Type of allergies _____
3. How are symptoms manifested? _____

4. Prescription medications taken to manage symptoms and frequency of dose _____

_____

5. Over the counter medication taken to manage symptoms and frequency of dose _____

_____

6. Are allergy injections given? _____

7. Are symptoms: Continuous Intermittent Seasonal (please circle)

8. Severity of symptoms: Mild Moderate Significant (please circle)

9. Is the use of an air conditioner: a) desirable or b) essential to the management of symptoms?

10. Is the use of an air conditioner: a) desirable or b) essential to the management of other medical conditions? If so, explain condition(s).

Name (Last, First, Title) _____, _____, _____

Address (Street, City, ST, Zip): _____, _____, ____, _____

Phone#: (_____) _____ - _____ **Email:** _____@_____._____

Fax#: (_____) _____ - _____ **License#:** _____

PLEASE RETURN THIS COMPLETED FORM TO:

ALBION COLLEGE:
OFFICE OF RESIDENTIAL LIFE
FERGUSON 124
611 E. PORTER STREET
ALBION, MI. 49224

PHONE: 517.629.0224
FAX: 517.629.0197
EMAIL: RESLIFE@ALBION.EDU